

Accountability Report Transmittal Form

Agency Name Department of Health and Environmental Control

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Section I — Executive Summary

The Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state. The Department is charged with the protection of public health and the environment and carries out its duties pursuant to numerous statutes including, but not limited to the: Emergency Health Powers Act, Pollution Control Act, Safe Drinking Water Act, Hazardous Waste Management Act, Solid Waste Policy and Management Act, Beachfront Management Act, Contagious and Infectious Diseases Act, State Certification of Need and Health Facility Licensure Act, and Vital Statistics Act. The agency is organized to serve the public under four broad areas:

- Environmental Quality Control (EQC),
- Health Services (HS),
- Health Regulations (HR), and
- Ocean and Coastal Resource Management (OCRM).

I.1

Mission
We Promote and Protect the Health of the Public and the Environment.
Vision
Healthy People Living in Healthy Communities
Values
Customer Service
Excellence in Government
Use of Applied Scientific Knowledge for Decision-making
Local Solutions to Local Problems
Cultural Competence
Teamwork

The agency performs this mission in a time of change in health services arenas, amid unprecedented state growth that impacts the viability of our environment and the quality of our land, air and water, changing demographics resulting in greater ethnic diversity and an expanding population of retirees, and with added responsibilities and concern for homeland security.

I.2 Major Achievements from the Past Year:

A) Emergency Response and Preparation

Public Health Preparedness and Response for Bioterrorism Program: DHEC has established strategic leadership and direction for improving public health response and preparedness for emergencies. Specific accomplishments include: continued integrated planning efforts with state and local governments; increased state public health laboratory testing capabilities and specialized staff training; improved rapid communication network between staff and external partners (Carolina Health Electronic Surveillance System and HAN/Communication & Information Technology); expanded bioterrorism training and educational initiatives; and completion of the Strategic National Stockpile Plan.

Emergency Response: DHEC's Emergency Response Division documented 138 hazardous material spills, 660 oil spills and 138 other spills, 67 fish kills, responded to 20 nuclear incidents and participated in 43 exercises. The Division also documented 1308 calls into the 24-hour emergency response line.

Pertussis Outbreak: (whooping cough): During the spring/summer of 2003, South Carolina experienced a large outbreak of Pertussis. Managing and investigating this outbreak required significant local and state resources. Due to the large number of total cases in Georgetown County and an unusually high number of cases among children attending childcare, DHEC requested assistance from the Centers for Disease Control and Prevention (CDC). In response, CDC sent a team of epidemiologists to provide consultation to the local team investigating the outbreak. CDC focused on the unique population in the childcare population for a special study. Additional outbreaks have occurred in Anderson and Berkeley Counties. In all of these events, DHEC response has been quick and thorough.

Trauma System: The first step toward stabilizing the state's voluntary trauma system was achieved this year with the passage of the Trauma Care Act with overwhelming support from the House and Senate. Although this act creates the basis for the badly needed infrastructure for the system, it does not provide a source for the required financial support for trauma care providers. DHEC will continue to work with the South Carolina Hospital Association to identify possible sources of funding to ensure that trauma care will remain available to the state's citizens. [See III.7.2.10.]

(B) Response to Chronic and Emerging Health and Environmental Challenges That Affect Quality of Life

South Carolina Cardiovascular (CVH) State Plan 2002-2007: This comprehensive statewide plan was developed over a period of three years by a diverse statewide group of over 50 members. The plan focuses on promoting policy and environmental change in the areas of physical inactivity, poor nutrition, tobacco use, hypertension and high cholesterol. The CVH State Plan proposes working with community and state level partners and programs to improve cardiovascular health and quality of life through: the prevention, detection and treatment of risk factors; early identification and treatment of cardiovascular diseases; and prevention of recurrent cardiovascular events.

SC Birth Defects Monitoring Program: Legislation was passed to establish a birth defects program within the agency to promote increased understanding and the prevention and reduction of birth defects. Currently in South Carolina, surveillance is completed on only three categories of major birth defects. The program will expand statewide birth defects surveillance in the state to include all major birth defects, which are the leading causes of infant mortality. No state funding was included in the legislation and DHEC will seek public and private funding to develop this program. [See III.7.2.12-13.]

(C) Environmental and Coastal Protection and Links to Economic Prosperity

Council on Coastal Futures: The Council on Coastal Futures issued its final report on May 30, 2004. The 19-member broad-based committee issued 18 recommendations, including steps required for implementation and a suggested schedule. The recommendations address stormwater management, freshwater wetlands, assistance to local governments on managing coastal resources, improvements to the appeals process, quality of life and growth management issues, and improved administrative processes. [See III.7.2.1.]

Special Area Management Plans (SAMPs) for Murrells Inlet and the Cooper River: Two new SAMPs have been initiated to address the protection and conservation of coastal natural resources – Murrells Inlet and the Cooper River. Both studies are designed to develop and

implement measures targeted at specific goals. The plans address stormwater, boating, water quality management and protection, and other issues. An educational and outreach component for residents and visitors will also be included.

Estuarine and Coastal Assessment Program: The South Carolina Estuarine and Coastal Assessment Program (SCECAP) is a collaborative program between DHEC and the state Department of Natural Resources. SCECAP expands DHEC's "Ambient Surface Water Quality Monitoring Network" by increasing the number of sites monitored in the coastal zone each year and adding more environmental and biological measures than are typically collected in DHEC's monitoring network. The collaborative effort also includes several federal cooperators including the U.S. Environmental Protection Agency (EPA), which provides much of the funding through the National Coastal Assessment Program and the National Oceanic and Atmospheric Administration (NOAA), which provides analytical services related to sediment and tissue contaminants.

Beach Monitoring: In an effort to ensure the public's health while swimming along South Carolina's nearly 200 miles of coastline, 2,724 beach monitoring samples were collected and analyzed in calendar year 2003. Some of the sampling was the result of a first ever grant program that allowed municipalities to aid in sampling and notification efforts. The sampling done by Coastal Carolina University through this grant program allowed for more frequent sampling in some areas than would have otherwise been possible with limited staff resources. A database was created to track beach samples and advisories and allow for electronic transfer of data from DHEC's system directly into EPA's database system.

Controlling Pollution from Stormwater Runoff: DHEC regulations dealing with Phase II of the National Pollutant Discharge Elimination System (NPDES) stormwater permit program have been finalized. The regulation establishes a stormwater management program that requires smaller municipal systems to reduce the discharge of pollutants from their storm sewers by: detecting and eliminating illegal discharges, controlling construction site runoff, developing a program to prevent or reduce pollutant runoff, and educating and involving the public in stormwater issues. To aid in the required outreach efforts related to stormwater management, DHEC has partnered with the South Carolina Soil and Water Conservation Society, the University of South Carolina's School of the Environment, and the Lake and Watershed Association of South Carolina to offer a one-day workshop on how to conduct effective water outreach programs.

D) Continued Formation of Public-Private Partnerships to Address Public Health and Environmental Concerns

All-Health Team: The All-Health Team recognizes and rewards youth for their efforts to promote health in their local communities. Each month during the school year, an individual or group of youth are named to the All-Health Team. Monthly winners receive \$500, a television spot, t-shirts and other gear. The All-Health Team is a public private partnership consisting of DHEC, WIS-TV 10 and the Lexington Medical Center.

The South Carolina and Maine Partnership with the Environmental Facility Information System (EFIS): DHEC and Maine's Department of Environmental Protection (MDEP) signed an agreement to share DHEC's Environmental Facility Information System (EFIS). Both DHEC and MDEP expect to save between \$100,000 and \$300,000 per year by sharing development

costs. The five-year pact benefits both states by serving as the framework for future additions and updates to EFIS. MDEP reviewed a variety of enterprise-wide environmental information management systems and selected DHEC's EFIS as the best choice for MDEP. DHEC began developing and has been using the system since 1997.

I.3 Key Strategic Goals: The goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2000-2005 Strategic Plan has eight long-term goals and 36 strategic goals. View the entire Strategic Plan at www.scdhec.gov/news/releases/reports.htm.

LONG TERM GOALS	
1.	Increase local capacity to promote and protect healthy communities.
2.	Improve health for all and eliminate health disparities.
3.	Assure children and adolescents are healthy.
4.	Increase the quality and years of healthy life for seniors.
5.	Protect, continually improve and restore the environment.
6.	Protect and enhance coastal resources and ensure proper management for the benefit of current and future generations.
7.	Improve organizational capacity and quality.
8.	Assist communities in planning for and responsibly managing growth.

I.4 Opportunities and Barriers: DHEC's ability to accomplish its eight long-term goals is affected by the following:

Budget Reductions: The agency continues to promote and protect the health of the public and the environment in the most effective and efficient manner while trying to maintain current levels of service and progress in spite of reduced funding and reductions in staff. The agency is working toward streamlining and restructuring the organization and continues to evaluate programs and services for efficiency and effectiveness. Although the agency has focused on reducing central administration before services, reductions to the agency's base budget make it difficult to maintain core performance efforts, diminish field presence, increase the time for response, and decrease the agency's ability to support communities and citizens. [See III.7.3.1.]

Staff Issues-Retention/Turnover/Vacancies: Funding is needed to assure availability and sustainability of a competent work force, particularly in the high-demand, hard-to-fill positions for which current salary levels are well below the private sector, other southeastern states, and other state agencies. Currently, more than 32% of the vacancies in Health Services are for nursing positions. DHEC has the lowest salaries for nurses of all the state agencies, which in turn are lower than the private sector. Other critical positions such as nutritionists, information systems personnel and environmental health managers are essential to protect the public's health and the environment and to respond to emergencies. Lack of a competitive structure to replace staff and the growing percentage of experienced staff nearing retirement further impact the agency's ability to carry out its mission in providing essential and mandated public health services. [See above and III.7.4.1.]

Response to Emergencies: Preparation for and recovery from hurricanes and other disasters requires staff resources, time and equipment to maintain a high level of readiness to protect and respond to citizens' needs. Public health workers and programs are a critical resource for meeting present and future threats. Nurses are needed to staff shelters and other agency staff are involved in response and recovery efforts. [See above.] Homeland security remains a national priority. While federal funds for biological preparedness have been received, some funds for the smallpox program and the Strategic National (Drug) Stockpile have been cut. No federal funds have been made available to address chemical and radiological emergencies with the exception of a federal grant for routine radiological emergency preparedness and response to emergencies occurring at the US Department of Energy–Savannah River Site (SRS) facility.

Facilities: As aging facilities (many of the agency's facilities are over 50 years old) and infrastructure deteriorate, access to essential public health and environmental services are being impacted as costs of needed renovations or replacements increase.

Trauma System: DHEC, the South Carolina Hospital Association and other emergency care provider associations worked with the legislature to pass the state's Trauma Care Act. This act is the essential first step in saving the state's struggling voluntary trauma system. However, the system remains in crisis until funding sources to support this highly specialized and voluntary level of care are identified and secured. State budget problems will make the task of identifying sources to fund this life-saving service difficult. [See III.7.2.10.]

Environmental Health: Maintenance of the current level of restaurant inspections remains a challenge with the rapid and continued growth of food establishments at over 200 per year. The food service inspection rate continues to be well below Food and Drug Administration (FDA) recommendations. Temporary foodservice locations at fairs, festivals and other events are increasing and require inspection. Inspection of those facilities erodes resources that are utilized to conduct routine inspections in permitted foodservice facilities. [See III.7.2.11.]

Coastal Issues: Critical challenges include beach access, rapid coastal population growth, beach renourishment, increasing legal challenges and costs, and managing and protecting freshwater wetlands. Although state funds were provided for Hunting Island State Park this past year, there is declining state and federal support to fund the renourishment of other state beaches. [See III.7.2.1.] In addition, funding for implementation of recommendations from the final report of the Council on Coastal Futures approved by the DHEC Board remains a challenge.

Drinking Water Issues: In May 2003, the agency completed 1,497 assessment reports containing information about: source areas of drinking water systems (where the drinking water comes from); an inventory of potential contamination sources within that source area (such as gas stations, dry cleaners, etc.); and an evaluation of the susceptibility of the water system to those potential sources of contamination. The next step in the process is to develop and implement voluntary local source water protection plans. This will be a significant challenge for DHEC and the water suppliers. Some barriers to successful local source water planning are lack of funding, multiple political jurisdictions within protection areas, and limited regulatory authority.

Historically, South Carolina has enjoyed abundant water supplies for drinking, recreation and industrial use. However, due to the state's continued growth and development and the effects of recent droughts, ensuring adequate amounts and proper quality of water supplies is essential. The Governor appointed a Water Law Review Committee to review the status of our current

laws to address these issues. The Committee's report with recommendations is now available at www.scwaterlaw.sc.gov. Many of the recommendations relate to DHEC's mission and will present challenges to implement, including the recommendation to establish a permitting program for surface water withdrawals. [See III.7.2.4.]

Uncontrolled Sites Contingency Fund for Abandoned Hazardous Waste Sites: The Uncontrolled Sites Fund is used to: prioritize, assess, and clean up contaminated sites; recover funds used in site cleanup; and implement the Brownfields/Voluntary Cleanup Program and the Waste Minimization and Reduction Program. Income to the Fund was generated by fees assessed on the disposal of waste at the Safety-Kleen Pinewood landfill that stopped disposing of waste in September 2000. Since that time, there has been no new income to the Fund. Funding is needed to provide assessment and cleanup of contaminated sites caused by hazardous pollutants, since funds generated from fees assessed for the disposal of waste at the Safety-Kleen Pinewood landfill are no longer available. [See III.7.2.2-3.]

Wetlands Conservation and Restoration: A US Supreme Court decision removed isolated wetlands from regulatory jurisdiction of the Corps of Engineers. Because of this loss of federal protection, DHEC is using state permitting programs in conjunction with the South Carolina Pollution Control Act to protect isolated wetlands to the extent that this authority allows. Regulations to provide additional protection believed necessary to protect these valuable resources were approved by the DHEC Board, but were not approved by the legislature. In the coming year, DHEC will continue to work toward protection of this important South Carolina resource.

Improved Water Quality: Improved water quality of impaired waters continues to be a DHEC priority. DHEC must develop Total Maximum Daily Loads (TMDLs) for all waters listed on the 303(d) list of impaired waters. The agency is using Federal Section 319 funds to assist with TMDL development. TMDL development and subsequent pollution reduction strategies that are guided by TMDLs are imperative to improving water quality in South Carolina. Fifty-five TMDLs have been approved, 24 have been completed, 106 are currently under development, and 26 are being implemented. Sufficient funding acquisition is imperative to allow for continued development of TMDLs. As South Carolina grows, the increased amount of industrial wastes, business wastes and nonpoint source (runoff) water pollution that our water bodies are expected to accommodate will be a challenge. [See III.7.2.4-5.]

Chronic and Communicable Diseases and their Risk Factors: Chronic diseases and risk factors including diabetes, cardiovascular disease, obesity and cancer and emerging infectious diseases including Hepatitis C and West Nile Virus, challenge current resources and planning efforts. Preventing the spread of communicable diseases is a core public health priority. Potential savings in preventable health care costs and individual disease burden can be achieved through timely and effective responses to chronic and emerging communicable diseases. [See III.7.18-25.]

Increased Resources for Disease Surveillance and Response: There is increased availability of federal funding to bring the agency's systems for rapid disease surveillance, detection and response into the 21st century, making a substantial improvement in the safety of South Carolina citizens. This involves the use of federal emergency preparedness and bioterrorism funding to hire and train front-line disease surveillance and response team members in the use of new electronic systems to: rapidly collect report data from doctors, laboratories and hospitals; collate

and analyze the data; and communicate to all stakeholders to develop a rapid and focused response to any threat or emergency.

Addressing HIV and Syphilis: HIV/AIDs and syphilis continue to present opportunities, since HIV is such an important cause of premature death and enormous health care costs in South Carolina. Both diseases are quite preventable, and syphilis could be eliminated, if the agency and the state continue to implement best practices and successful prevention efforts. [See III.7.2.20-21.]

Antibiotic Resistance: The SC Careful Antibiotic Use Campaign provides public and professional education about careful antibiotic use and the dangers of resistance. This prevention program is focused on upper respiratory infections, using mass media, parent educational materials, and presentations and mailings to physicians. The evaluation component also includes monitoring of antibiotic use via tracking of Medicaid and Blue Cross/Blue Shield claims data. Physician groups will be provided their own prescription utilization data to use in comparing their rates with the state average.

Youth Smoking Prevention Funding: No funds were allocated by the General Assembly for youth smoking prevention efforts for 2004-2005. This creates a tremendous challenge in continuing DHEC's innovative "Rage Against the Haze" youth movement against tobacco use. The agency is exploring creative options to carry on this inventive initiative despite the loss of dollars. [See III.7.17.]

I.5 How is the Accountability Report used? The report is distributed to the Board, EMT, managers and supervisors and placed on the agency Web for staff and the public to view. The report is used both internally and externally as a resource for communicating agency performance and achievements. Internally, the report is used in organizational assessment, performance management, performance improvement activities, orientation of staff and as an agency resource. Externally, the report has been particularly useful in communicating agency performance and function to accrediting boards, community groups and state and local governments.

Section II — Business Overview

II.1 Number of Employees: DHEC currently has 5,527 budgeted FTE positions. Of these, the agency has 4,551 employees in FTE positions with 976 FTE vacancies. The number of hourly, per-visit, temporary grant and contract employees varies daily. Approximately 500 additional employees fill positions in these categories.

II.2 Operation Locations: DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through 12 health and environmental quality control districts and three coastal zone management districts.

II.3 Expenditures/Appropriations Chart:

Major Budget Categories	02-03 Actual Expenditures		03-04 Actual Expenditures		04-05 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$174,002,260	\$56,418,392	\$170,865,763	\$57,407,435	\$178,045,889	\$52,813,732
Other Operating	\$94,686,612	\$18,960,461	\$106,982,993	\$19,207,365	\$179,686,797	\$22,707,834
Special Items	\$4,776,577	\$2,153,158	\$5,420,048	\$2,213,146	\$13,566,104	\$7,352,921
Permanent Improvements	\$140,000	\$	\$826,012	\$	\$	\$
Case Services	\$88,998,618	\$7,054,692	\$84,963,968	\$8,139,350	\$93,399,838	\$6,406,306
Distributions to Subdivisions	\$7,756,076	\$3,312,881	\$5,454,598	\$1,467,386	\$11,272,970	\$1,598,289
Fringe Benefits	\$50,569,459	\$16,498,671	\$49,209,654	\$16,958,879	\$51,067,724	\$14,207,534
Non-recurring	\$55,602	\$14,234	\$	\$	\$	\$
Total	\$420,985,204	\$104,412,489	\$423,723,036	\$105,393,561	\$527,039,322*	\$105,086,616**

Other Expenditures

Sources of Funds	02-03 Actual Expenditures	03-04 Actual Expenditures
Supplemental Bills	\$14,234	\$
Capital Reserve Funds	\$41,368	\$38,883*included above
Bonds	\$	\$

Interim Budget Reductions

Total 02-03 Interim Budget Reduction	Total 03-04 Interim Budget Reduction
\$4,638,883	\$1,069,685

* Total funds include federal authorizations. ** The agency spent less than our base appropriation for FY04. Budget adjustments in FY05 have offset by new appropriations for Health Access to Care and Hunting Island State Park beach renourishment.

II.4 Major Program Areas Chart: [See Addendum A.]

II.5 Key Customers: As the principal advisor to the state on public health and environmental protection, DHEC's key customers and stakeholders include all citizens of South Carolina. The agency's programs and services are targeted to the general public, the regulated community, local governments, and other specific groups, according to health or environmental needs, age or economic status. Key services linked to some agency customer groups include:

Health Services: Screenings, treatment, health education, prevention, emergency response, testing, chronic and infectious disease surveillance & investigation and inspections:

- All SC citizens
- Restaurants
- Under-served populations
- Faith communities
- Children with special needs
- Communities
- Women, infants & children
- Clients with TB, STD or HIV

Health Regulation: Certification, licensing, monitoring, inspections & coordination

- Nursing homes
- Health care facilities
- Patients
- Radiological facilities
- Trauma system
- Families

Data, Information and Analysis:

- All SC citizens
- General Assembly
- Federal government
- Media
- Other state agencies

Environmental Services: Permitting, planning, inspections, regulation, monitoring, outreach and education, compliance assistance, enforcement, investigations & emergency response

- All SC citizens
- Business
- Industry
- Communities
- Visitors and tourists
- Local governments
- Regulated community
- Contractors
- Developers

II.6 Key Stakeholders:

SC citizens	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Courts	General Assembly	Providers of revenue
Agency staff	State agencies	Providers of information & data
Providers of supplies equipment	Providers of scientific knowledge	Budget & Control Board

II.7 Key Suppliers:

Citizens of SC	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Courts	General Assembly	Providers of revenue
Agency staff	Other state agencies	Providers of information & data
Providers of supplies & equipment	Providers of scientific knowledge	Budget & Control Board

II.8 Organizational Structure: [See Addendum B.]

Section III – Elements of Malcolm Baldrige Award Criteria

III.1 Leadership

III.1.1 How do senior leaders set, deploy and communicate: (a) Short and long-term direction (b) Performance expectations (c) Organizational values (d) Empowerment and innovation (e) Organizational and employee learning (f) Ethical behavior? Commissioner Earl Hunter leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently if needed, to provide policy guidance, oversight, approve regulations, hear contested cases, and set direction for the agency. The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and the Board and to follow the Board's

guidance and directives. The EMT is comprised of Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs; Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Bob King, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Chris Brooks, Deputy Commissioner for Ocean and Coastal Resource Management; and Leon Frishman, Deputy Commissioner for Health Regulations.

The EMT functions as a cohesive team, meeting each week or more often, as needed to address agency issues and direction. Both long- and short-term direction is established in the agency's five-year, outcomes-based Strategic Plan. Each deputy area has a detailed operational plan, directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the five deputy area operational plans and are expected to be included in each staff member's Employee Performance and Development Plan (EPDP).

Recently, the agency began to update its Strategic Plan 2000-2005 for the next five years. EMT has set the direction for the agency's planning process by reviewing the current plan, reaffirming the agency's mission and vision, modifying values, and refining broad goals and strategic goals. [See III.2.1.]

The EMT expects agency personnel to use the six organizational values when serving the agency's customers. [See I.1.] Posters with the values and agency goals are displayed throughout the agency to reinforce these beliefs. A pocket card and brochure with the agency's mission, vision, values and goals is given to each new employee at employee orientation.

The EMT supports and encourages continuous organization and employee learning. Agency participation in two exceptional grant-funded training programs, the Management Academy for Public Health and the Southeast Regional Public Health Leadership Institute, and in both the Certified Public Manager program and the Executive Institute, enhances employee learning.

III.1.2 *How do senior leaders establish and promote a focus on customers?* Customer service has been a core agency value for many years. [See III.3.] Members of EMT have received training in customer service and have established customer service and cultural competency training as a requirement for all staff. Many of the agency's programs and services are built around community partnerships to ensure customer involvement in planning and delivery. Periodically, Board meetings are held at DHEC facilities in different regions of the state to increase public visibility and accessibility to the Board. The agency Internet site has been redesigned to provide easier access to information, including the status of environmental regulations.

Numerous publications such as *Healthy People Living in Healthy Communities* (www.scdhec.gov) are produced to inform citizens of South Carolina about the overall health of the population and the state of the environment. Many other documents and presentations by staff are provided to educate customers on a wide range of topics from childhood immunization requirements for school to information for permitted industries and businesses.

III.1.3 *How do senior leaders maintain fiscal, legal and regulatory accountability?*

Senior leadership adheres to established rules and standards involving personnel, management and procurement. The Agency Policy Issues Committee (APIC) representing all areas of the

agency reviews and adopts new or revised agency policies. The DHEC policy manual is available on the agency Intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. The senior leadership assures that the agency follows both the spirit and the letter of the Freedom of Information Act and the Ethics Act as well as established professional standards. Many agency staffs are certified and/or licensed in particular professional areas such as law, nursing, engineering, social work, nutrition, registered sanitarians and medicine. As such, they adhere to the respective ethical canons and demonstrate these high professional standards to colleagues and staff.

The agency is further accountable through internal and external audits (Legislative Audit Council, grant audits) and control mechanisms, accreditations (CHAP-Community Health Accreditation Program), as well as to the Governor, the Board and the General Assembly [See III.1.1, III.1.5 and III.7.5.1-3.]

III.1.4 What key performance measures are regularly reviewed by your senior leaders? EMT identified a list of critical performance measures from the Strategic Plan that reflect the overall performance of the agency and the state of health and the environment in South Carolina. The Board and EMT review these key performance measures periodically. Each member of EMT reviews additional performance measures related to his/her own area of responsibility on a routine basis. Critical measures reviewed follow:

1. Increase Local Capacity to Promote and Protect Healthy Communities.

- Average number of announced, unannounced and follow-up food inspections.
- Percent of the population served by community water systems providing drinking water that meets all current health based standards.
- Regulatory limit for radiation exposures.

2. Improve Health for All and Eliminate Health Disparities.

- Number of new HIV cases among African Americans and other minorities.
- Rate of death and disability due to HIV/AIDS.

3. Assure Children and Adolescents are Healthy.

- Percentage of adolescents who smoke.
- Percent of appropriately immunized children and adolescents.
- Number having pediatric and family practice public-private partnerships.
- Percentage of children, age 0 to 3, who received a primary care service.
- Percentage of unintended pregnancies (teen pregnancy rate).
- Percentage of infants who survive the first year of life, reducing infant mortality.

4. Increase the Quality and Years of Healthy Life for Seniors.

- Proportion of seniors vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- Percentage of seniors in nursing homes and community residential care facilities that are vaccinated annually against influenza.
- Number of elder-centered facilities that encourage more homelike environments.
- Rate of injuries due to falls among seniors in nursing homes and community residential care facilities.

5. Protect, Continually Improve and Restore the Environment.

- Percentage of state and associated populations living in areas meeting state and federal primary and secondary ambient air standards.
- Percent of surface waters that are fishable/swimmable.
- Acreage of shellfish beds.
- Percentage of coastal shellfish waters fully approved for harvesting.
- Percent of Underground Storage Tank leaks cleaned up.
- Percent non point source sediment and nutrient loads to rivers and streams are reduced.
- Hazardous Waste and Superfund actions.

6. Protect and Enhance Coastal Resources and Ensure Proper Management and Access.

- Percentage of beaches with a healthy beach profile.

7. Improve Organizational Capacity and Quality.

- Turnover and retention rates of competent and diverse staff.
- Percentage of staff that have access to appropriate technology, both hardware and software.
- Central agency administrative expenditures compared to total agency expenditures.
- Ratio of administrative FTEs per \$10M in total expenditures.

III.1.5 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness of management throughout the organization?* Senior leaders continually seek employee feedback through periodic employee surveys, routine staff meetings, employee suggestion boxes, and statewide video and audio meetings. The use of new technology for video and audio conferencing has made statewide meetings more cost-effective and promotes efficient use of staff time. The Commissioner uses this technology to host periodic statewide broadcasts to update staff on key budgetary and policy issues. Both internal and external audits as well as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission and other federal agencies routinely provide the Board and EMT with information to improve organization performance. [See III.1.3.]

The agency conducted an internal and an external assessment using the Baldrige Performance Excellence Criteria. An internal Baldrige Assessment was conducted in each deputy area using the *South Carolina Organizational Self-Assessment for State Government Agencies*.

This past spring, the Commissioner initiated the Employee Agency Review (EAR Survey) via the Intranet to seek employees' ideas about how the agency can do a better job, reduce costs, improve customer service, discontinue activities or reorganize to better deliver services. Results have been shared with EMT.

III.1.6 *How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?* Because many environmental and health threats know no boundaries, the agency must maintain a strong and comprehensive array of programs, services, and regulatory functions to be ready to respond to the associated risks of bioterrorism, environmental hazards, chronic and infectious diseases, high-risk behaviors, and the potential for natural disasters. DHEC local health departments are prepared to coordinate and lead local responses to a bioterrorism incident, deadly disease epidemic, or respond to natural disasters. Public hearings allow the Board and managers to consider customer needs, evaluate risks and effects of proposed regulations, and develop consensus on the best approach. [See III.3.3.]

III.1.7 *How does senior leadership set and communicate key organizational priorities for improvement?* The Strategic Plan goal to *Improve Organizational Capacity and Quality* defines the organizational investments the agency must make to successfully achieve its goals. The senior leaders developed this goal in partnership with staff, and work across deputy lines to achieve the designated outcomes. The seven strategic goals identified as the priorities for this goal are consistent with the focus areas of the Baldrige criteria.

III.1.8 *How does senior leadership and the agency actively support and strengthen the community?* Senior leaders serve on many national, state and local boards, are active in their communities, churches and schools, and encourage staff to do the same. Employees are often allowed time away from the job for civic and community involvement related to the mission of the agency supporting the strategic goal to “Establish relationships that help achieve the goals and vision of the agency.”[See III.3.5.]

III.2 Strategic Planning

III.2.1 *What is your strategic planning process, including key participants?* DHEC’s planning process, Planning and Managing for Results (PMR) for the current Strategic Plan 2000-2005 was an outcomes-based strategic planning process, providing consistency for all planning activities by focusing on agency goals. There are eight long-term goals, 36 strategic goals, and numerous related outcomes and activities.

In the spring 2004, the agency began the process of updating the Strategic Plan for 2005-2010. The Strategic Plan Council, the coordinating group for all planning activities at DHEC is providing direction and oversight for the new strategic planning process based on priorities set by EMT and the deputy areas. The EMT has developed a framework for the planning process by reaffirming the agency’s mission and vision and modifying the values, broad goals and strategic goals. [See III.1.1.] Working with a consultant from the Office of Human Resources, Budget and Control Board over 30 focus groups of agency managers and supervisors are being facilitated to provide input for the new plan and scorecard which is expected to be completed in early 2005. Focus group results can be accessed by all agency employees through the Intranet.

For *employees*, the Strategic Plan is deployed daily through unit operational plans. Each deputy area has developed an operational plan, which is updated yearly, to define the strategies and activities that will be implemented to achieve the goals and outcomes of the Strategic Plan.

DHEC *management* expects agency personnel to define roles and responsibilities in support of agency goals: employee roles, the agency's role, directly or indirectly; and the roles of other agencies and stakeholders. The planning process has allowed staff implementing services and initiatives to articulate their own contribution to the DHEC goals by defining their outputs and outcomes. Communities and customers are routinely engaged in dialogue about the indicators used, appropriateness of services, populations reached, or needed changes in strategy.

How does the strategic planning process account for:

(a) *Customer needs and expectations?* Customer service has been a core DHEC value for many years and community partnerships are a key strategy for the agency to accomplish its mission. Both the 1995-2000 and 2000-2005 Strategic Plans were based, in part, on customer input. Districts and programs are expected to share their operational plans with agency customers and partners. Staff continually seeks information from and educates DHEC customers about agency activities to improve coordination and develop joint action plans. DHEC often relies on community input to determine program content, how efforts should be implemented in the community and to evaluate the quality of agency programs. [See III.3.]

(b) *Financial, regulatory, societal and other risks?* As the public health agency, DHEC must conduct assurance and surveillance activities to protect the health of the public and the

environment. Risks are assessed and mitigated through the agency's efforts to achieve its goals and related outcomes. Staff help identify the key outputs and activities that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. The agency is continuing to evaluate ways to include resource estimates in the operational plans of organizational units. Some districts and programs have estimated resources in FTE equivalents and dollar amounts devoted to a given activity or strategy. Developing resource estimates is expected to inform and educate management about the different programs, as well as to increase understanding of the roles and functions of the various staff under their supervision.

(c) Human resource capabilities and needs? d) Operational capabilities and needs? The Strategic Plan Council monitors the progress in achieving the seven strategic goals, which are consistent with the focus areas of the Baldrige criteria that impact the agency's broad long-term goal to *Improve Organizational Capacity and Quality*. [See III.5.]

III.2.2. What are your key strategic objectives? [See the Strategic Planning Chart – Addendum C.] Key strategic objectives in the Strategic Plan are:

1. Increase Local Capacity to Promote and Protect Healthy Communities.

- Actively support communities in developing healthy communities.
- Work with local governments to address local health and environmental issues.
- Expand the public's knowledge of and involvement in environmental and health issues.
- Protect the safety of the public's health.

2. Improve Health for All and Eliminate Health Disparities.

- Promote healthy behaviors among all adults.
- Eliminate disparities in the incidence and impact of communicable diseases.
- Eliminate disparities in illness, disability, and premature deaths from chronic diseases.

3. Assure Children and Adolescents are Healthy.

- Promote healthy behaviors.
- Prevent disease, disability and death from vaccine-preventable diseases.
- Improve access to comprehensive, high-quality health care services.
- Prevent disabilities and deaths due to unintentional injuries, violence, and environmental hazards.
- Increase the percentage of healthy infants.
- Promote early childhood health, development, and well-being.

4. Increase the Quality and Years of Healthy Life for Seniors.

- Increase the percentage of seniors able to remain living in their homes and maintain an optimal level of function.
- Prevent disease, disability and death from vaccine-preventable diseases.
- Improve quality of life for seniors living in long-term care facilities.

5. Protect, Continually Improve and Restore the Environment.

- Ensure South Carolinians live in areas where all air quality standards are met.
- Ensure waters meet water quality standards.
- Reduce level of pollutants and public exposure to contaminants.
- Restore impaired natural resources and sustain them for future use.
- Continue to improve the environment.
- Reduce pollutant releases to surface and groundwaters.
- Reduce the amount of waste generated.

6. Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations.

- Attain healthy beaches, which are enhanced, protected and publicly accessible.
- Protect and enhance cultural resources, such as historical and prehistoric sites, of the coastal zone.

7. Improve Organizational Capacity and Quality.

- Ensure the continuous development of a competent and diverse staff in sufficient numbers to successfully achieve the agency's goals.
- Provide reliable, valid and timely information for internal and external decision making.
- Establish and maintain relationships that help achieve the goals and vision of the agency.
- Promote effective horizontal and vertical internal communication.
- Maximize the flexibility that agency programs have in managing their fiscal resources to support agency goals.
- Ensure that all agency activity and leadership is consistent with the goals and values of the agency, and staff understands their role in achieving the goals of the agency.
- Implement the Baldrige Performance Excellence Initiative through systematic training and an organizational development process.

8. Assist Communities in Planning for and Responsibly Managing Growth.

- Work with local governments and communities to improve land use plans to balance growth and natural resource protection.
- Establish a quality planning mechanism to address future regulatory changes or requirements and to empower local governments to address local issues.
- Promote more flexibility in resources.
- Protect wetlands and other sensitive areas against impact from urbanization.

III.2.3 *How do you develop and track action plans that address your key strategic objectives?*

The Strategic Plan is helping guide the development of the agency's budget reduction planning and program evaluation. DHEC is continuing to examine linkages between resources and goal attainment. Progress towards outcomes and goals is evaluated using a structured Measurement Plan that provides evidence for key policy and management decision points. The agency Strategic Plan Council provides agency oversight on all aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT receives periodic reports on progress measures of key outcomes.

The agency Intranet is used as an aid in the operational planning process. In Health Services, for example, health districts and programs have entered their operational plans in the Intranet and can, depending on security level, update activities or reports and see what other areas of the agency are doing to address the same problem. To ensure that planning is data driven, all Health Services units review outcome data provided on the Intranet to measure and describe progress on the long and short-term outcomes (performance measures) in the plan. Specific data related questions were added to the planning template this past year to ensure that the data was being reviewed, utilized and reported in a similar manner across organizational lines.

III.2.4 *What are your key action plans/initiatives* [See the Strategic Planning Chart – Addendum C.]

III.2.5 *How do you communicate and deploy your strategic objectives, action plans and performance measures?* The Strategic Plan is deployed internally via the deputy area plans and organizational unit operational plans. The agency completed and distributed the Mid-Cycle Summary brochure (report card) to all employees highlighting some of the successes and challenges in achieving the goals and objectives in the Strategic Plan 2000-2005. Operational objectives are included in the new agency Employee Performance and Development Plan (EPDP). [See III.5.3.] The Commissioner also provides periodic updates to employees through his agency-wide broadcasts.

For external customers, the Strategic Plan is available on the DHEC Web site and progress towards achieving strategic plan goals is highlighted each year in the publication "*Healthy*

People Living in Healthy Communities” and the Annual Accountability Report which are also available on the Web.

III.2.6 View the entire DHEC 2000-2005 Strategic Plan www.scdhec.gov/news/releases/reports.htm.

III.3 Customer Focus

III.3.1 How do you determine who your customers are and what are their key requirements?

DHEC’s customers – all South Carolina citizens – are determined by virtue of South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality, and environmental data; national disease prevention agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building, and problem solving activities with customers.

III.3.2 How do you keep your listening and learning methods current with changing customer/business needs?

Customer needs are gathered through both formal and informal listening and learning techniques and include: participation on interagency boards and committees; front-line staff and those working in the community sharing information learned in one-on-one contact with customers; suggestion boxes; satisfaction surveys; concern/compliment forms; and comment/feedback cards; over 14 toll-free hot lines; public forums and focus groups; participation on councils and boards; interactive Web pages; participation in teleconferences; membership in professional organizations; and monitoring legislative activity.

DHEC is a leader in its commitment to provide services for the state’s growing Hispanic population. Effective translation services are available in all local offices, materials are produced in Spanish, a Hispanic needs assessment has been completed, and the state’s migrant health program delivers approximately 1700 culturally competent health services annually through contacts with local providers. In addition, all agency employees are required to attend training in the Limited English Proficiency (LEP) program.

III.3.3 How do you use information from customers/stakeholders to improve services or programs?

DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.1.1-3.] is reported to the Board, EMT and agency employees. Input from the various customer feedback mechanisms described in III.3.2 is reported to the appropriate management teams for evaluation, follow-up and action. Through this continuous quality improvement process, policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders. Examples of these efforts include:

- In OCRM, leadership demonstrates concern for how agency practices affect the public through an open door policy. Any member of the public may petition and receive a one-on-one session with a member of the management team, up to and including the Deputy Commissioner.
- Changing clinic layouts, signage, hours of operation, location of services, open access appointments are often based on customer feedback and of course, funding availability.
- The Council on Coastal Futures is a prime example of defining and addressing public concerns through the evaluation and assessment of the effectiveness of the state’s coastal program. The Council has recommended improvements to address current and future coastal needs. All coastal

stakeholders groups have contributed to the redefining and reaffirming the future course of coastal management in South Carolina.

- Comments from businesses and industries that apply to the agency for environmental permits are compiled and a report is submitted quarterly to each of the EQC Bureaus. Process improvements to reflect the card comments are discussed at the Permit Directors workgroup meetings.
- EQC district offices respond to all complaints within 48 hours of notification, although this has been particularly difficult to achieve with recent budget cuts. Complaints and disposition of complaints are recorded on the Environmental Facilities Information System (EFIS).
- DHEC staffs conduct public forums to allow the public to comment on draft regulations. Numerous forums are advertised and held during the year to allow comment and an opportunity for questions from industry, businesses and citizens. All comments (written and oral) become a part of the official documentation for each regulation. Public comments must be considered by staff and the DHEC Board when preparing the final regulation and in determining its need and reasonableness.
- Stakeholders are included on the State Home Health Service Advisory Board.

III.3.4 *How do you measure customer/stakeholder satisfaction?* DHEC has systematically measured customer satisfaction at a statewide level for the past six years. The agency has statewide trend data for a 6-year period (1998-2003) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions; and accessibility. DHEC has a positive public image and, overall, South Carolinians are satisfied with the services. [See III.7.1.1-3 and 7.1.5.] Customer service is assessed at every level of the agency and in all customer groups.

The agency Customer Service Committee has been re-established with a charge to gather information on current customer service initiatives, evaluate policies and procedures, research what other similar entities are doing and make recommendations to improve the agency's customer service delivery. The Health Services Customer Service Team has made good progress toward completing a standard tool for collecting customer service information from its clients. The team has completed a draft that has been reviewed by internal focus groups and external focus groups. This tool will be implemented in the next several months and will provide a model that can be used for the entire agency. Standardized reports for each section of Health Services will be provided on a routine basis to assist in improving customer service.

III.3.5 *How do you build positive relationships with customers and stakeholders?* A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, and local and state government groups and organizations around the state, including: the Bioterrorism Advisory Council, March of Dimes, SC Hospitality Association, Council on Coastal Futures, American Heart Association, SC Athletic Trainers Association and Health Care Facilities.

Partnerships with state agencies are many and include; Health & Human Services, Long Term Care Ombudsman Program, SLED, Mental Health, DAODAS, Continuum of Care and Department of Natural Resources.

The agency also provides technical assistance to communities and local governments. For example, the agency's coastal program is working with Beaufort County, Murrell's Inlet, upper

Cooper River landowners and Berkeley County in natural resource planning and management. [See I.2.C.]

DHEC has several liaison offices that each focus on the needs of a particular group of customers: federal facilities, compliance assistance, state government and General Assembly, federal government, local government, permitting, environmental community health and the Small Business Assistance Program. [See III.7.1.4.] These offices provide special assistance and communication to some of the agency's customer groups.

In addition, agency staff make numerous presentations, and develop educational materials, fact sheets, and educational bulletins for special interest and community groups, professional and academic organizations, local and state governments, schools, and business and industry.

III.4 Measurement, Analysis and Knowledge Management

III.4.1 *How do you decide which operations, processes and systems to measure?* Measures of key performance are aligned to the outcomes in the Strategic Plan and the deputy level operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators. These outcome measures have been refined to include data source, baseline, frequency of measure, and staff responsibility. EMT selected 28 of these key performance measures to review periodically and to report annually to the Board. [See III.1.4 & III.7.]

Measures of outcomes, operations, processes, and systems support the agency's mission and the strategic and operational plans. Measurement decisions are prioritized to collect and analyze data necessary for decision making; to track and evaluate progress toward reaching outcomes and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; supporting organizational capacity and quality; and measurement of the strategic plan. To help in addressing this priority, the agency has developed SCAN-GIS (SC Community Assessment Network). SCAN is an interactive, Web based system that allows users to access public health data on-line and customize to their specific needs. The user can further customize their queries and produce tables, charts, trend analysis and maps. Public access is allowed down to the zip code level. With password-protected access, further analyses is allowed by internal staff below the zip-code level.

III.4.2 *What are your key measures?* [See III.2.2. and Strategic Plan Chart – Addendum C.]

III.4.3 *How do you ensure data integrity, timeliness, accuracy, security and availability, completeness and availability for decision-making?* The agency has developed and implemented an Enterprise Data Model to house all data in a single data base design. This concept allows all systems developed under this database design to automatically propagate any changes within any of the systems to all systems. To date, personnel and training systems utilize this single model concept, and the agency has developed and is currently implementing our clinic based replacement system Phase I. From the development of systems utilizing this concept and the use of GUI (Graphical User Interface) tools for development (such as drop-down menus, pick lists, and tables within the systems), the quality of data entry is enhanced through the use of this

technology. Furthermore, this system allows quality control analyses to be performed ensuring for high quality data. An example of systems used to collect and automate information in the DHEC infrastructure are: SCAN (South Carolina Community Assessment Network) and HAN (Health Alert Network), one component of the nationwide Centers for Disease Prevention & Control initiative to build public health capacity to respond to biological and chemical terrorism, emerging infections, and other public health threats. The agency also uses both the Internet and intranet to provide access to reliable data and information.

The agency links to national data systems to ensure data quality and availability for decision-making. The National Electronic Disease Surveillance System (NEDSS) is being implemented to better manage and enhance the large number of current surveillance systems and allow the public health community to respond more quickly to public health threats, including bioterrorism events. This system is allowing the agency to transition from a paper to an electronic system that will improve efficiency and effectiveness. When completed, NEDSS will electronically integrate and link a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information from health providers to the states and, ultimately, to and from the CDC.

The agency's 2003 Quality Assurance (QA) Management Plan was approved by EPA in August 2003. The five-year plan provides QA oversight and protocols to insure quality of all environmental data collection activities for both Environmental Quality Control and Ocean and Coastal Resource Management programs. To reduce time required to manually review and process data, EQC is currently investigating the use of electronic submission and validation of environmental data submitted to the agency.

All of the data maintained by the Bureau of Information Systems for the agency is stored on local servers and is routinely backed-up and stored off-site according to DHEC standards. Periodic 'restores' of taped backups are performed. There are redundant firewalls and intrusion device systems installed to prevent unauthorized network access and network monitoring. All agency application and network access is centrally maintained, and is restricted with a minimum of ID and password.

III.4.4 *How do you use data/information analysis to provide effective support for decision-making?* The agency uses numerous systems and processes to select and compare data and information based on programmatic and scientific need. Suppliers, including federal, state, and local governments, the regulated community, the health community, and citizens identify performance levels each expect from the agency. Many of these measures are the outcomes included in the strategic plan and in III.7. The complexity of the agency requires the use of numerous automated systems to collect and analyze data necessary for decision-making.

The Shared and Integrated Geographic Information System's (SIGIS) mission is to provide managers and policy makers with decision support systems and applications that enable them to better analyze spatial information related to environmental and public health issues. The main objective is to develop and maintain the agency-wide, enterprise GIS infrastructure including hardware, software, network, and databases to provide spatial analysis capabilities as well as to interface with existing DHEC information management systems (such as Environmental Facility Information System [EFIS]). The enterprise SIGIS program provides long-term and consistent support for DHEC staff and customers who need GIS and related services. These services

include internal desktop applications, Intranet and Internet mapping capabilities, and a data server, which provide external users the ability to download GIS layers maintained and developed by SCDHEC. The program facilitates a better use of limited resources and minimizes redundancy across the agency's administrative boundaries.

A selected list of systems follows:

DATA SOURCES USED FOR DECISION MAKING	
DATA SYSTEM	APPLICATION
Enterprise Data Model	Integrate all administrative and public health data systems
Statistical Surveillance System	Monitor public health data statewide
Health Alert Network	CDC link to respond to biological terrorist threats
National Electronic Disease Surveillance System	Manage surveillance systems for rapid response to threats
Central Cancer Registry	Statewide cancer surveillance; investigate cancer clusters
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits, violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information Systems	Study impact of vital events, disease, etc. to develop effective approaches to improve health & environmental outcomes
Health Regulations Data Bases	Analyze incident and accident reports for response
EMS Trauma	Certification of EMS providers
Internet Shelter System	Manage and staff Red Cross shelters during disasters
Personnel Action Information System	Process personnel actions
Data Extract for ORS	Study data required by ORS
National Violent Death Reporting System	Death information from multiple state sources to assist policymakers & communities in violence prevention
SCAN-GIS	Interactive retrieval system for public health information
TRAMS	Training management and course tracking system
Laboratory Information Management System(LIMS)	Primary repository for environmental lab data
CARES	A Client Encounter and Medical Record Tracking system to replace current clinical management systems utilizing the Agency Data Model

The above data systems allow the agency to integrate environmental, health and clinical operational data, which in turn, allows tracking of core health / environmental outcomes against agency and state objectives.

III.4.5 How do you select and use comparative data and information? As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment” is part of the agency’s legislative mandate. Following the Baldrige Assessment, the agency has moved toward

monitoring and reporting more performance measures. Many results are benchmarked to national standards. The Healthy People (HP) 2010 Objectives set ten-year targets for health improvement based on the latest health-related research and scientific evidence. The Environmental Protection Agency (EPA) Core Performance Measures set benchmarks for environmental protection efforts. National Oceanic and Atmospheric Administration (NOAA) establishes national coastal management priorities through a series of five-year strategic plans prepared by each state coastal management program. The Centers for Medicare and Medicaid Services (CMS) provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies.

III.4.6 *How do you manage organizational knowledge?*

Regional, district and program discipline meetings, professional organizations community and academic partners, newsletters, distance learning, intranet, as well as the agency's Capacity Building Project and Mentoring Program are utilized to share best practices and enhance organizational knowledge. [See III.5.]

The Health Services Deputy area has an intranet-based operational plan that DHEC staff across the state can access. Any DHEC employee can call up a long-term outcome of interest related to a problem they are working on and generate a summary report indicating "who is doing what" to address that same issue across the state. Health Services is using technology to efficiently promote the dissemination of best practices.

III.5 Human Resource Focus

III.5.1 *How do you and your managers/supervisors encourage and motivate employees (formally and/or informally) to develop and utilize their full potential?* The Michael D. Jarrett Awards are given each year to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency is also participating in the Blue Granite Recognition Award presented by the South Carolina State Credit Union and has an Employee Innovation Program to monetarily reward employees who develop cost-saving initiatives. "Monthly Award for Excellence" is an agency wide effort where staff is nominated by other employees and is recognized by EMT and the Board.

Bureaus, departments and program areas in both central office and the districts recognize employees for excellent customer service to internal and external customers and for awards, achievements, and voluntary community activities. Some examples of the numerous awards that the agency and employees have received in the past year include:

- Outstanding Program Award from the S.C. Chapter of Personnel Information Management Association for PAIS (Personnel Action Information System).
- SAG (Special Achievement in GIS) awarded at the 2003 ESRI (Environmental Science Research Institute) international user conference.
- 2004 Palmetto Pillar Award awarded by Chamber of Commerce for Best Technology Application (SCAN-GIS).
- 2003 Platinum Telly Award (national) for SC Trauma Centers: Critical Care in Crisis video.
- Addy Award and Youth Advocate of the Year Award for the RAGE against the Haze program team member and manual to educate teens about the dangers of smoking.
- Blue Granite Award – EQC

- Office of Human Resources “Excellence in Human Resources Award” for EQC Capacity Building Initiative.

The Mentoring Program continues to be successful and has been expanded. The agency offers telecommuting, alternative work schedules, and flextime as non-monetary incentives for staff. The agency working with the Office of Human Resources at the state Budget and Control Board has developed a Reward and Recognition Program focusing on peer rewards, which should be implemented by the end of the calendar year.

III.5.2 How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? The leadership of DHEC believes in the importance of asking employees what they need in order to do their jobs and to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor and have been included in the new EPDP form. [See III.5.3.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. The agency has 204 staff who have graduated from the Management Academy at the University of North Carolina and 29 who have graduated from the Southeastern Public Health Leadership Institute. The agency supports annual participation in the South Carolina Executive Institute, the Certified Public Manager Program and Leadership South Carolina.

A first ever Competency-Based Training Needs Assessment surveying DHEC Health Services staff was conducted (with over 2400 responses) providing the blueprint for staff training and competency development. A needs assessment was also conducted for hospitals and their staff (with over 1800 responses). Based on these assessments, several different bioterrorism preparedness trainings have been conducted over the past year. The Academy of Public Health Preparedness with the USC-Norman J. Arnold School of Public Health was established and key DHEC staff attended training along with community partners for a total of 13 teams with 98 participants.

The agency has implemented an agency-wide automated training management system (TraMS) to give units and employees more control over training functions. TraMS replaces several mainframe systems and places responsibility and accountability for registration, scheduling, reports, certificates, tracking and training support functions at the unit/local level. The Office of Quality Management and the Office of Personnel Services have developed certificate programs for supervision to meet specific needs of DHEC staff.

To strengthen the infrastructure of public health DHEC and the USC Arnold School of Public Health have formed the Public Health Consortium. Comprised of faculty and leaders from the School of Public Health and managers and leaders from DHEC, workgroups have been created to develop plans to address curriculum, research, joint appointments and standards. Community advocacy and data management are being addressed through a six county collaborative with USC and the South Carolina Turning Point Project, funded by the Robert Wood Johnson Foundation. This past year data training was provided to health department staff and community leaders and training in MAPP (Mobilizing for Action through Planning and Partnerships).

The agency provides training and in-service education for staff and supports and encourages staff through Tuition Assistance and altered work time to take advantage of other formal and informal educational opportunities. The agency is integrating technology, content and distance learning methodologies to make learning more easily accessible and more cost effective for staff. Video conferencing, courses on video and CD-ROM, and web-based training are currently available.

EQC has initiated a Capacity Building Program to direct professional development and prepare employees for future management positions within that deputy area. The pilot group had 24 staff (protégés) and 14 managers (coaches). To date 120 employees have participated in the project. Building on the success of the project, the Office of Personnel Services and the Office of Quality Management are working together expand this program to other areas of the agency.

Other agency workforce development planning strategies include: the Workforce Planning Committee with sub committees in each deputy area established for the agency to plan for future workforce needs; naming a Workforce Planning Champion to coordinate and direct the agency workforce planning efforts; participating with Office of Human Resources, Budget and Control Board in the Healthcare Recruitment and Retention Pilot Program, which offers pay bonuses and education incentives to new and current staff; and providing workforce demographics to each deputy area. DHEC is continuing to develop an expanded New Employee Orientation program that includes distance learning, compact disk and Intranet applications.

III.5.3 How does your employee performance management system, including feedback to and from employees, support high performance?

The agency has recently revised its performance management system. The new system is called the Employee Performance and Development Plan (EPDP) because of its emphasis on both performance and development. Along with job duties, agency values and individual performance characteristics are included in the evaluation process. One of the required job duties for managers and supervisors is completion of the performance review in specific time frames as written in the policy, which should further encourage completion of the EPDP in a timely manner. The EPDP adds two new sections emphasizing employee development: “Future Training and Development” completed by the supervisor and “Organizational Support,” is completed by the employee giving suggestions as to how the supervisor, co-workers and/or agency management can support him/her in the present job and with future career goals. These new additions will help improve workforce development. This consolidated document will result in a streamlining of processes and should include clear and measurable performance standards with direct correlation to the agency mission.

III.5.4 What formal and/or informal assessment methods and measures do you use to determine employee well-being, satisfaction, and motivation? Since 1989, the agency has conducted an Employee Survey every other year to assess employee attitudes and opinions on a broad range of topics. The results of the most recent survey in 2003, closely mirrored the 2000 survey. Respondents were most positive about job satisfaction, quality of services delivered, and importance as a contributor to the team. Respondents were least positive about salary, benefits and recognition. Over these past 15 years, DHEC employees have continued to feel positively about their jobs and the contribution they make, but have been dissatisfied with what they get in return salary, benefits and recognition. The next employee survey will be completed in 2005.

Across the agency, a variety of formal and informal methods are used in individual units to determine employee well-being, satisfaction and motivation. Examples of these include: focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants, the Employee Agency Review survey [See III.1.5.] and ongoing assessments through the EPDP system. The electronic exit interview allows for easier completion and additional analysis of data from departing employees. The PAIS system provides deputy areas with more specific turnover information and allows for better turnover analysis. DHEC has consistently had lower employee turnover than other state agencies. [See III.7.4.1.]

III.5.5 *How do you maintain a safe and healthy work environment?* DHEC's commitment to the safety of its employees is reflected in the decreases in Workers Compensation claims and in the average amount paid per claim over the last five years. [See III.7.4.2.]

DHEC's Safety Committee, representing all parts of the agency, meets monthly to help guarantee a safe and healthy environment for both staff and visitors. There are also safety committees in the deputy areas, in district offices, and in the laboratory support area. The Risk Management Committee, composed of representatives from several other agency committees, e.g. safety, vehicle safety, infection control, and workers compensation, maintains an agency Intranet site to provide consolidation of relevant policies and information for employee safety and well-being e.g., fire plan, bomb threat plan and safety plan. Practice exercises and safety inspections are held periodically to assure employee safety and response.

The agency promotes workplace and individual health by providing education, safety and health tips, preventive health screenings such as mammography and prostate exams, and "Lunch and Learn" sessions that promote healthy lifestyles. Other activities include smoking cessation programs, yoga and Weight Watchers' classes. Employees are offered annual flu shots each fall. The Employee Health Committee gives direction to these activities.

III.5.6 *What is the extent of your involvement in the community?* Because of DHEC's mission, community involvement and volunteerism is supported and encouraged by management. Employees are involved in many church, school, community and civic health and environmental activities and programs around the state. Some of these activities include; SC Litter Association, Habitat for Humanity, March of Dimes, United Negro College Fund, Boy and Girl Scouts, Families Helping Families, City Year, Urban League and walks for various health related issues (breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff volunteers after hours as firemen, constables and EMS personnel and with area schools as business partners (Ron McNair School in Charleston) with Lunch Buddies, at science fairs and in school supply drives. This past year DHEC employees raised over \$76,939 for United Way and contributions to Community Health Charities of South Carolina were \$17,195. [See III.1.7.]

III.6 Process Management

III.6.1. *What are your key design and delivery processes that produce, create or add value for your customers/organization, and how do they contribute to success?*

III.6.2. *How do you incorporate new technology, changing customer and mission-related requirements into these design and delivery processes and systems?*

Key Design and Delivery Processes

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Provide protection from biological and chemical hazards by responding to events that threaten homeland security.
4. Inform, educate, and empower people about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection efforts.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
9. Assure a competent work force – public health, environmental protection and personal care.
10. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
11. Research for new insights and innovative solutions to health problems.
12. Assist communities in planning for and responsibly managing growth.
13. Manage coastal resources to maintain a healthy coastal environment.
14. Inspect, permit and license health facilities and services.
15. Inspect, permit and license the business and industrial regulated community.
16. Evaluate and respond to environmental health hazards.
17. Provide laboratory services to the regulated community and the private sector.
18. Assist small businesses with regulations and requirements.
19. Improve organizational capacity and quality.

Examples include:

1,2,4,5,6: Rapid notice to, and requests for, information from many public and private partners is essential to emergency respond to natural disasters, biological, chemical or radiological events. Each DHEC health district has installed a high capacity computer to be used in the event of emergencies and new high-speed transmission lines and switches are being installed. Software and computers for a "calldown" system (a much more capable "broadcast fax" system) is in place, and its databases of names and numbers for rapid notification are being installed as quickly as possible. This system will be used to improve response time and coordination during emergencies and support Homeland Security efforts.

2,4,7,12,15,19: EFIS Phase II provides additional capabilities for transferring data to and from the EPA via the Network Node, as well as development resources for streamlining the permitting and compliance processes for Air, Land and Waste Management, Water, Ocean and Coastal Resource Management, Radiological Health and Environmental Services. Interfaces for access to public information via the Internet and integration with South Carolina Business One-Stop (SCBOS) are also planned in EFIS Phase II.

4,5,6,7,12: DHEC continues to conduct probability-based monitoring at estuarine stations in cooperation with the South Carolina Department of Natural Resources, Marine Resources Research Institute. This supports business results to achieve 80% fishable and swimmable waters by 2007. [See III.7.2.5.]

1,2,3,6,14,19: The effectiveness of the EMS and trauma systems are evaluated through statewide ambulance run report and trauma registry databases. Customer satisfaction results are reviewed and changes made as needed.

2,3,4,10,11,12,19: The agency has completed development of Phases I, II, III of SCAN-GIS. Ten years of birth and death data are available and provide GIS maps at the county level. Approved users can access data and maps down to the zip code level. This system is an effective tool to assist local communities with emergency response and has been demonstrated to the state Homeland Security Task Force. Plans include additional uses to support response to emergencies.

GIS is increasingly being used to monitor the health status of the target populations. Two noteworthy examples of using data to change program direction include: a maternity pilot developed in one health district to provide evidence-based interventions to reduce prematurity, based on an initial assessment of the district maternity care system; and a training video developed by DHEC and several hospital partners after data analysis indicated that there were too many repeat newborn metabolic screening tests being conducted.

Agency information systems are used to collect and analyze data used for programmatic and operational decision-making [See III.4.3.] For example, all districts have active Continuous Quality Improvement (CQI) Teams, charged with reviewing data and making recommendations for quality improvement. Reviewed data includes surveillance data (mortality, morbidity, behavioral), clinical outcomes, productivity, financial, customer satisfaction, incident reports, show rates and assurance of service delivery. Mechanisms used to gather the data include statewide and local automated systems, chart reviews and manual and electronic survey results.

III.6.3 *How does your day-to-day operation of these processes ensure meeting key performance requirements?* Performance is continuously monitored based on the strategic plan and program level outputs. Information systems provide routine reports on program and project status. Customer response is used to improve production and delivery.

The Office of Internal Audits (OIA) routinely conducts audits of agency programs. Employees are asked each year for input into the agency's Annual Audit Plan. During FY04, OIA issued five audit reports. The internal audits identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. Internal audit recommendations in calendar years 1995 through 2002 have all recommendations closed. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.5.1-3.]

III.6.4 *What are your key support processes, and how do you improve and update these processes to achieve better performance?* The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services while refining agency processes to be more effective and cost efficient. Other examples may be seen in III.7.3.3-4.

III.6.5 *How do you manage and support your key supplier/contractor/partner interactions and processes to improve performance?* DHEC has numerous internal processes and safeguards to examine its key relationships to continually improve performance. Procurement staff manage

business relationships by: ensuring that program contract monitors are assigned to major projects; serving as a resource for funneling purchasing and contract information to end users; acting as mediator between program areas and suppliers/contractors/partners to ensure fair and equitable treatment; and using proactive language in solicitations and program administration to encourage supplier/contractor/partner success and ownership in the overall outcome of the scope of work. Internal customers are provided with current market prices and methods to aid in selection of cost effective and efficient procurements to accomplish their objectives.

Procurement Services continues its practices with mutually beneficial partnerships, through contract meetings, which meet the needs of both the agency and the contracting party. Business relationships are managed by taking proactive measures in conducting pre-performance conferences for complex service contracts and through quarterly business coordination meetings.

This past year, a “Vendor Fair” was held allowing the vendor community an opportunity to showcase their products and services and to meet agency purchasing staff and end-users. Surveys were conducted to rate the informational business value, level of interaction, and venue location of the show. Survey analysis indicated both the vendor community and employees found the vendor fair extremely beneficial and highly recommend holding it again next year.

The Solicitation Management System (Procurement WebPages) continues to provide self-serve access to solicitations and awards, which reduces administrative costs. Since inception in 2002, there are now more than 450 vendors registered as users, more than 275 solicitations and approximately 600 documents have been made available. The use of the Web allows vendors to self-serve access to solicitations and award information, reducing administrative costs, distribution and postage fees, and other associated costs.

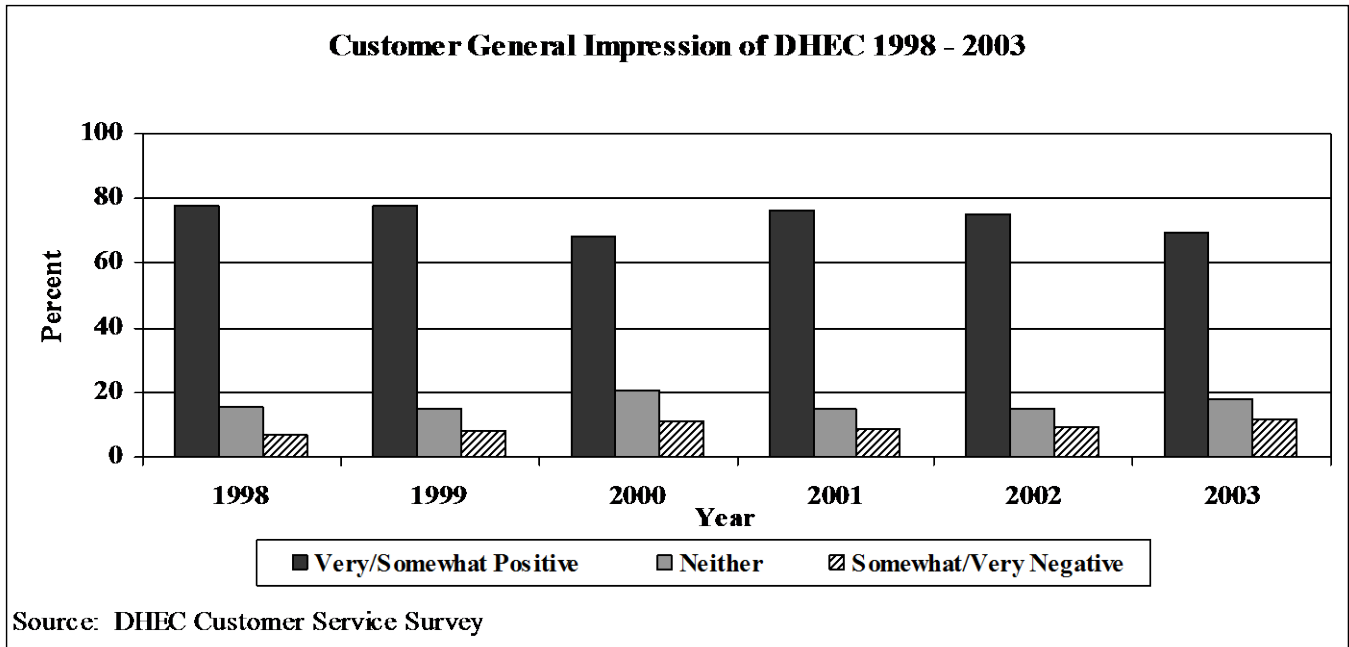
Evidence of success in managing and supporting key supplier/contractor/partner interactions and processes in improving agency performance include: diverse community partnerships through the Minority Business Enterprise [See III.7.3.2.] program and Quarterly Direct Purchase Order (DPO) updates, where suppliers/contractors/partners present or provide service information, e-commerce updates, and utilization information for distribution. Procurement Services continues to examine, identify and address the needs of suppliers/contractors/partners with successes identified by increased participation and savings by using in the agency purchasing card, and increased use of the Procurement WebPages.

III.7 Business Results

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment,” is part of the agency’s legislative mandate. Following the Baldrige Assessment, the agency is moving toward monitoring and reporting more performance measures for both the agency and the state. While some of the outcomes reported in the following section are performance measures for the agency, many are health or environmental outcomes for the state. [See following pages.]

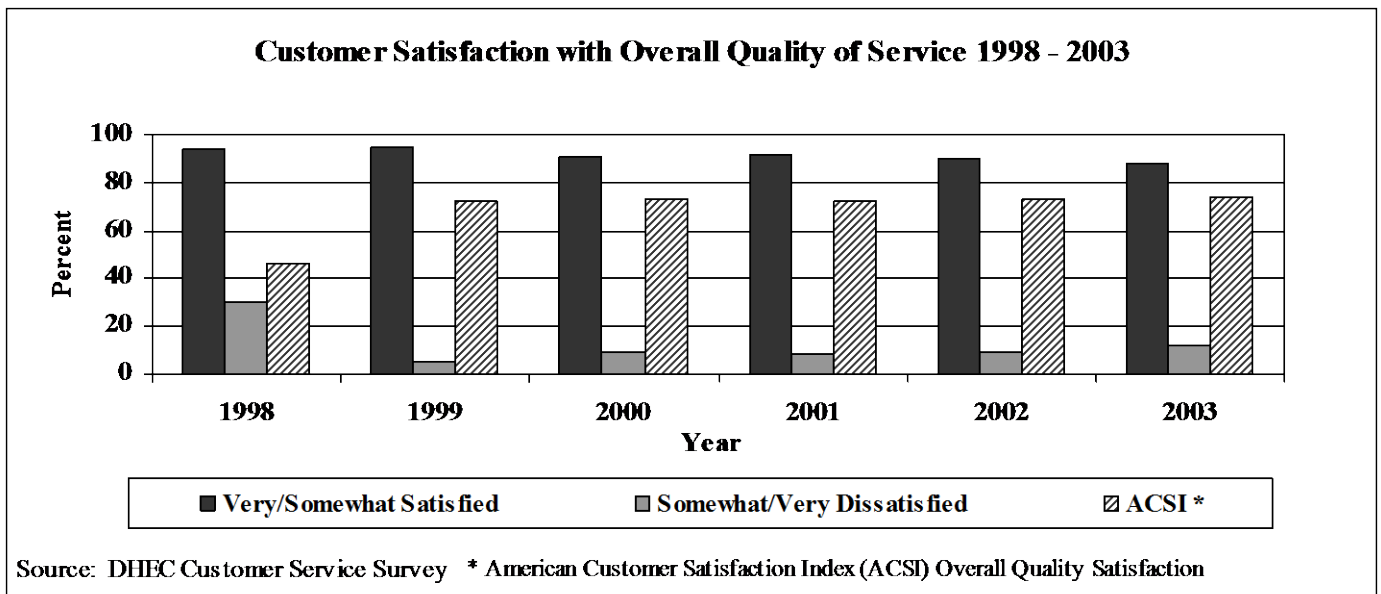
III. 7.1 Customer Satisfaction Results

Fig.7.1.1



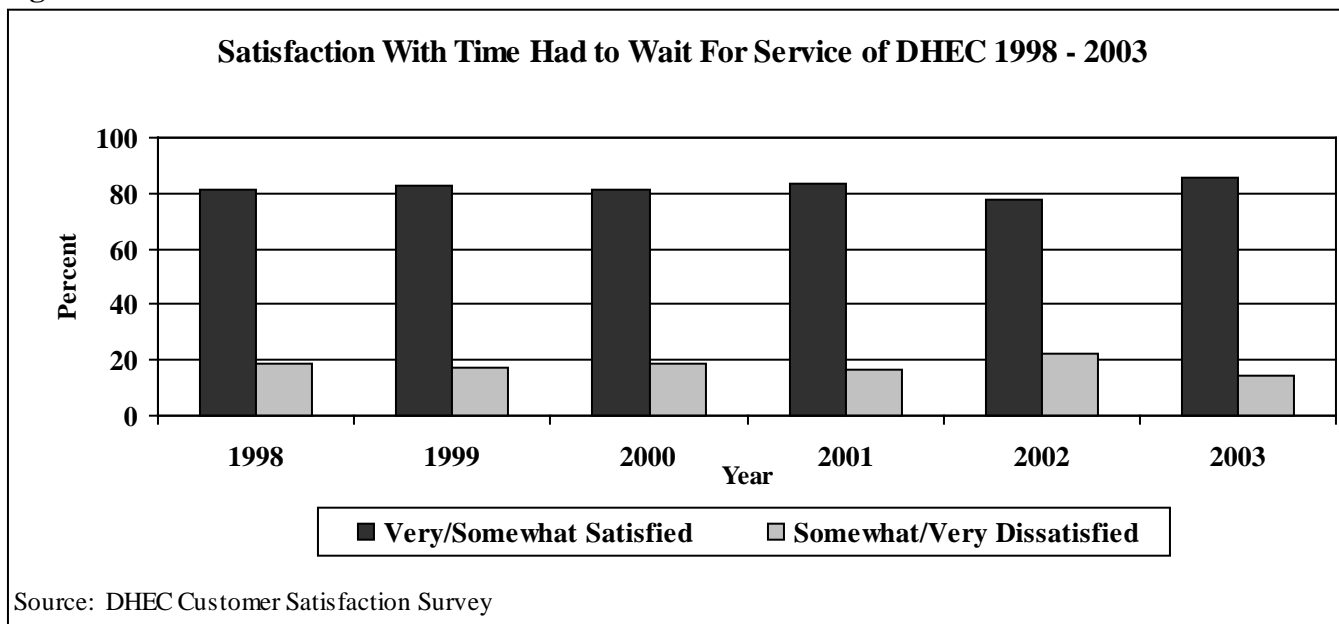
South Carolinians continue to have a positive view of the agency. Public impression has been relatively stable over the six-year period. Seventy percent or greater of those who had heard of DHEC have a positive view of the agency.

Fig. 7.1.2



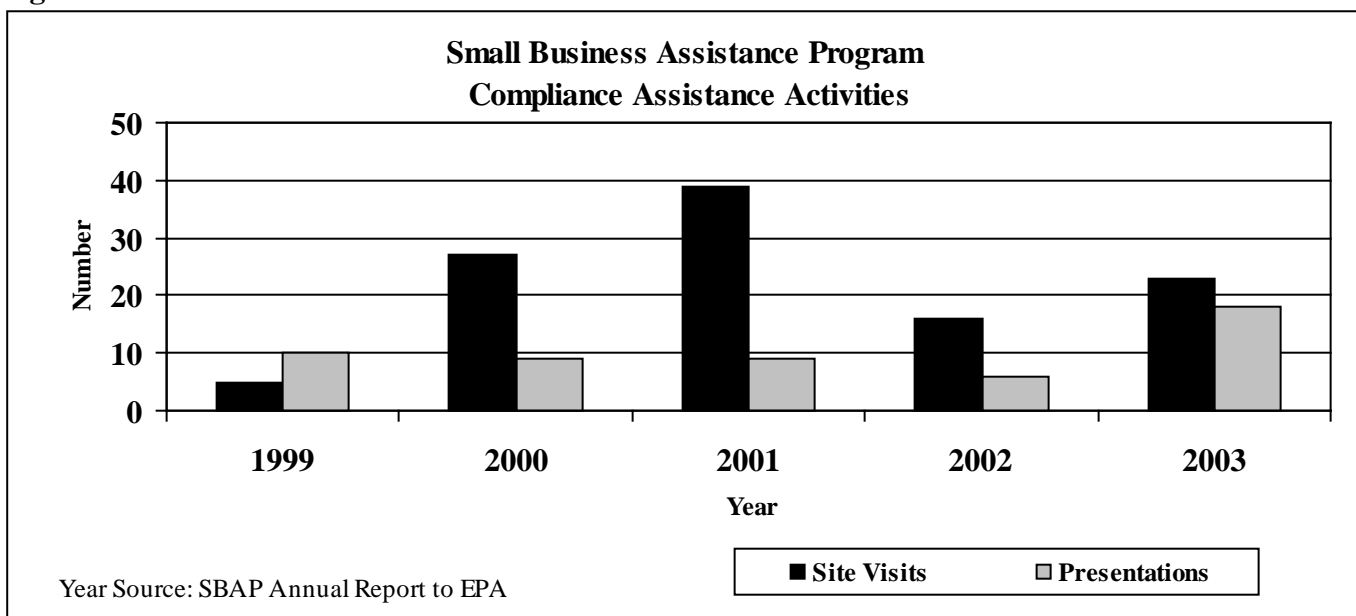
DHEC continues to use a market-based survey conducted by the University of South Carolina to determine customer satisfaction. For the sixth straight year, the agency is above 88% in *Satisfaction with Overall Quality Service*, which exceeds national ACSI survey of 75% for the same time period.

Fig. 7.1.3



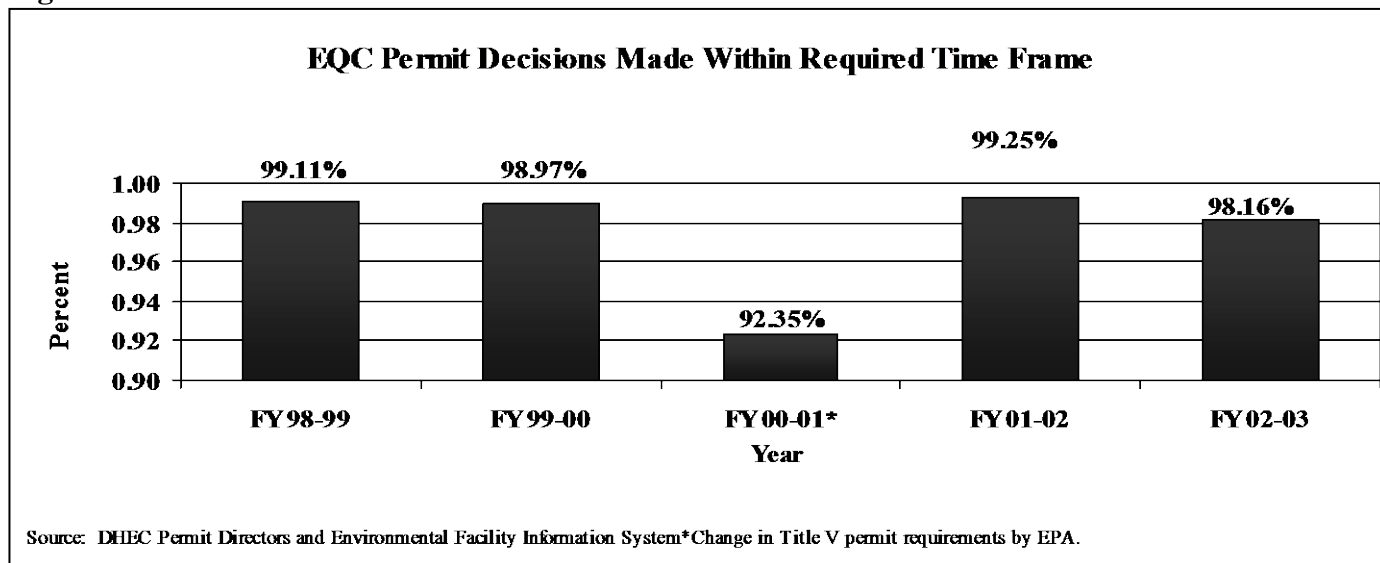
Satisfaction with time had to wait for service has been stable over the six-year period. Even with FY04 budget cuts and staff reductions, satisfaction increased to more than 85% in terms of time had to wait for service.

Fig. 7.1.4



The Small Business Assistance Program (SBAP) is located at DHEC's Office of Environmental Quality Control and serves as a non-regulatory advocate for small businesses in South Carolina. SBAP provides free compliance assistance workshops and site visits to help small business understand their regulatory requirements. Non-regulatory site visits are conducted at the request of the business. Numerous sector-specific workshops are offered in order to provide an additional level of support to South Carolina's small businessmen.

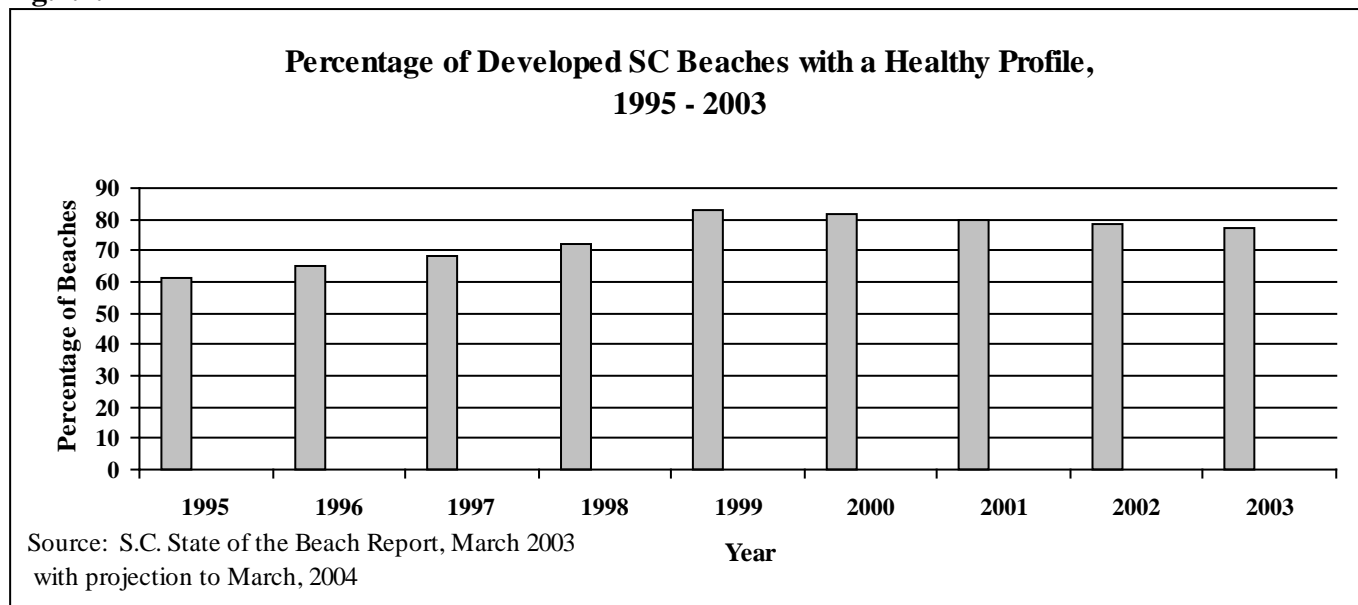
Fig. 7.1.5



The time frames for each permit type were a condition of the business community for their support of user-fee legislation. DHEC strives to make the permitting process as efficient as possible for our customers while still writing permit conditions that are protective of public health and the environment. Budget constraints and additional federal requirements and a focus on completing the complex Title V Air Quality permits are reflected in the FY 02-03 data.

III. 7.2. Mission Accomplishment and Organizational Effectiveness Results

Fig.7.2.1



A healthy beach profile is defined as having at least 25 feet of dry sand between the seaward toe of the sand dune and the high-tide wave up-rush line. The percentage of healthy beaches has declined from 84% to 77% over the past four years due in part to the lack of renourishment and maintenance. No funds have been allocated since 2001, with reduced funding in 2000; however, \$5 million is allocated for Hunting Island State Park in FY2005, but is not reflected in the chart above.

Fig. 7.2.2

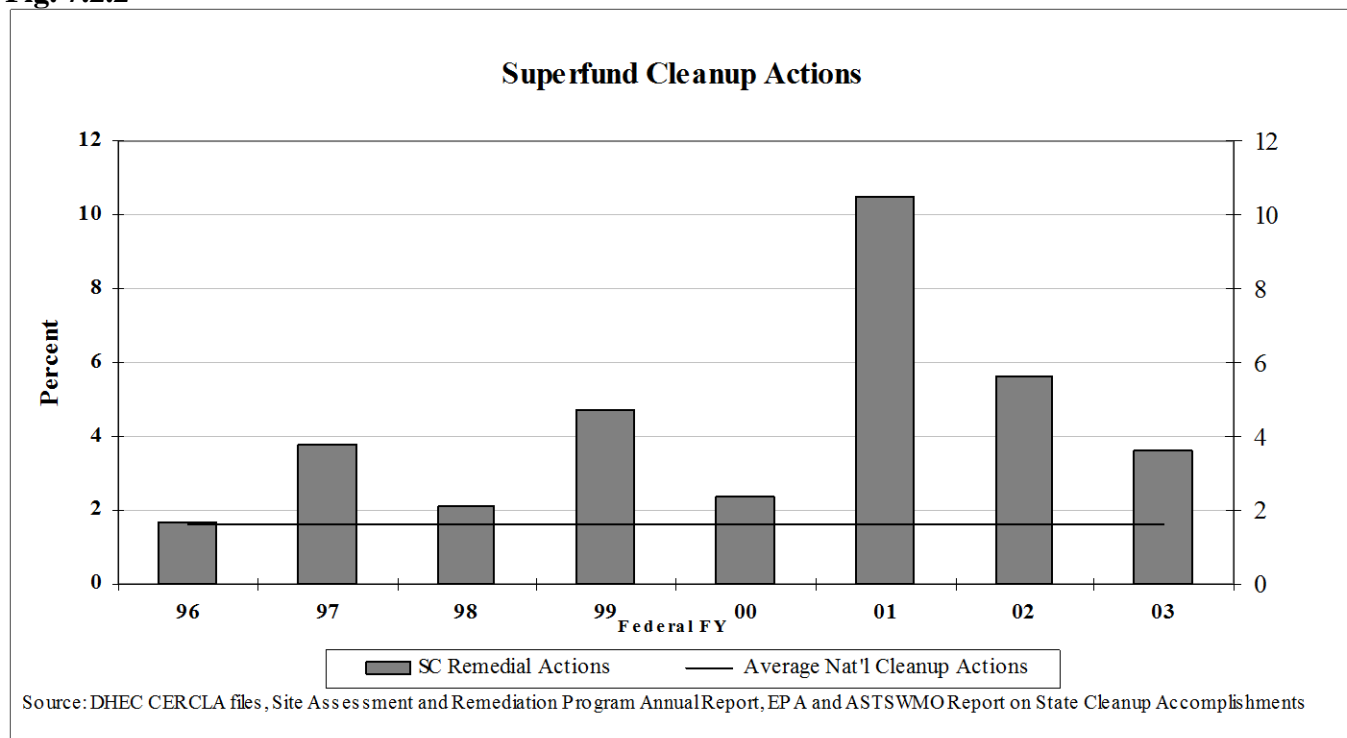
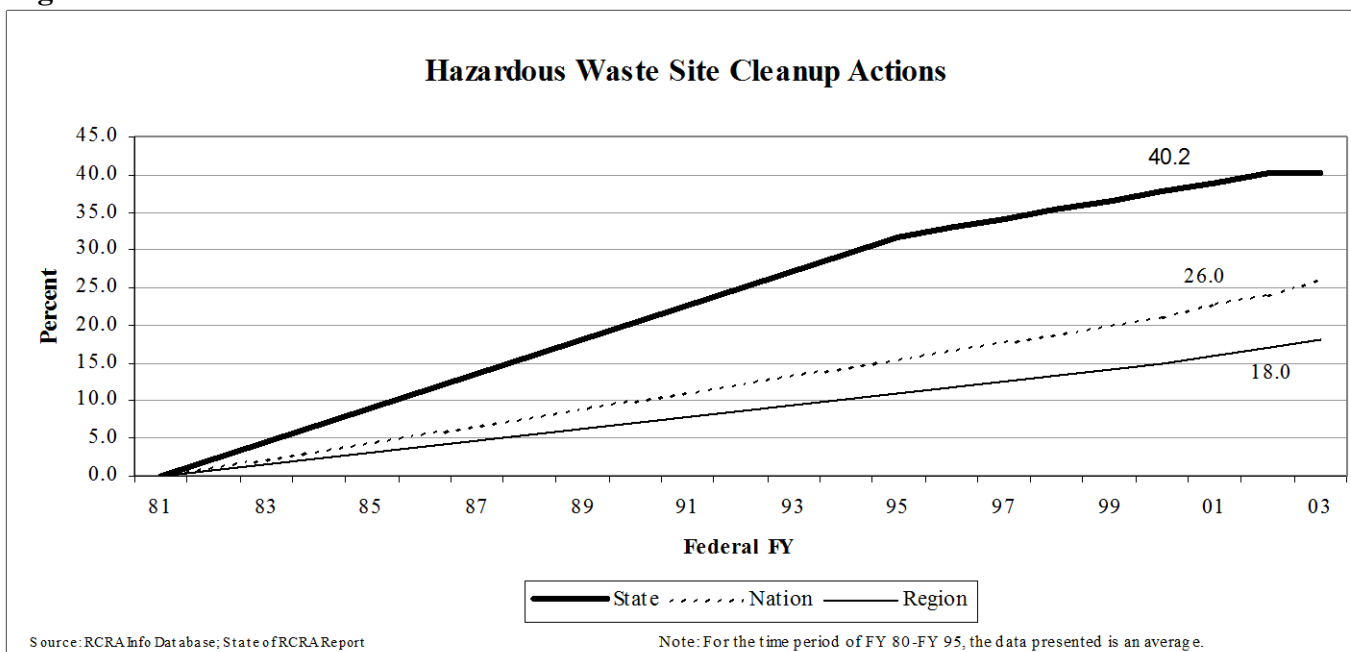


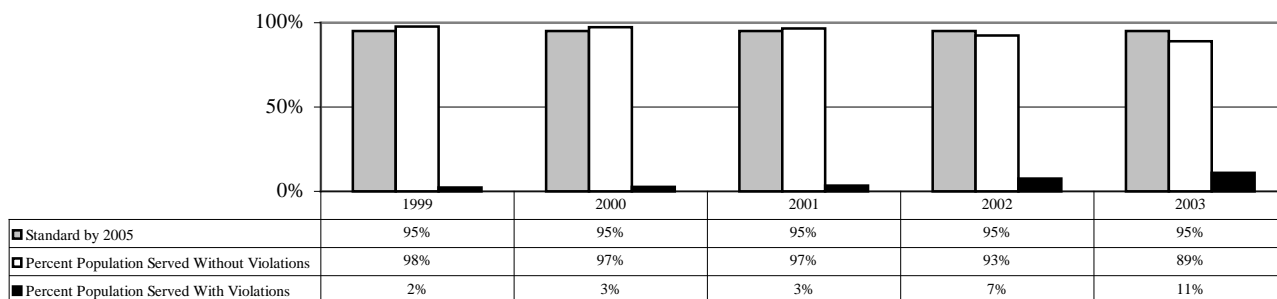
Fig.7.2.3



The charts above show that the average cleanup rates in South Carolina for two of the largest cleanup programs consistently exceed the national and regional rates. The Superfund and the Hazardous Waste programs address a large number of contaminated sites. Aggressive cleanup of these sites reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment.

Fig. 7.2.4

**SC Population Served by
Community Water Systems in Full Compliance With
Health Based Standards (1999 - 2003)**

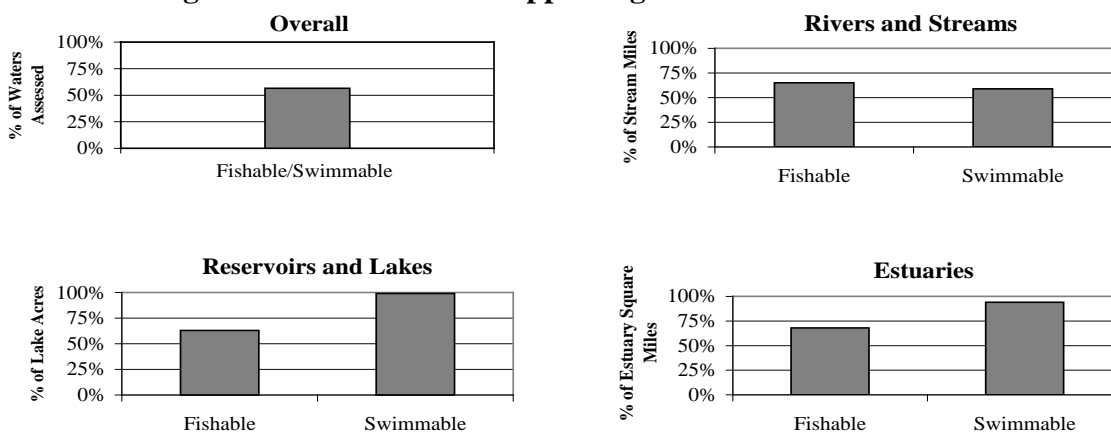


Source: SCDHEC Data in EPA Database SDWIS/FED

In 1999, over 98% of the population served by community water systems received water from systems in compliance with all health-based standards. During the 2003 calendar year, 89% of the population received water from systems in compliance with all health-based standards. The reason for the decrease in the percentage is that nine systems with a population of greater than ten thousand persons had a minimum of one maximum contaminant level (MCL) violation during 2003 for Haloacetic Acids (HAA5). Calendar Year 2003 is the first year in which compliance was required for HAA5. Four systems had a single MCL for bacteriological contamination which may have affected only a small portion of the water system but the entire population is included with the violation.

Fig. 7.2.5

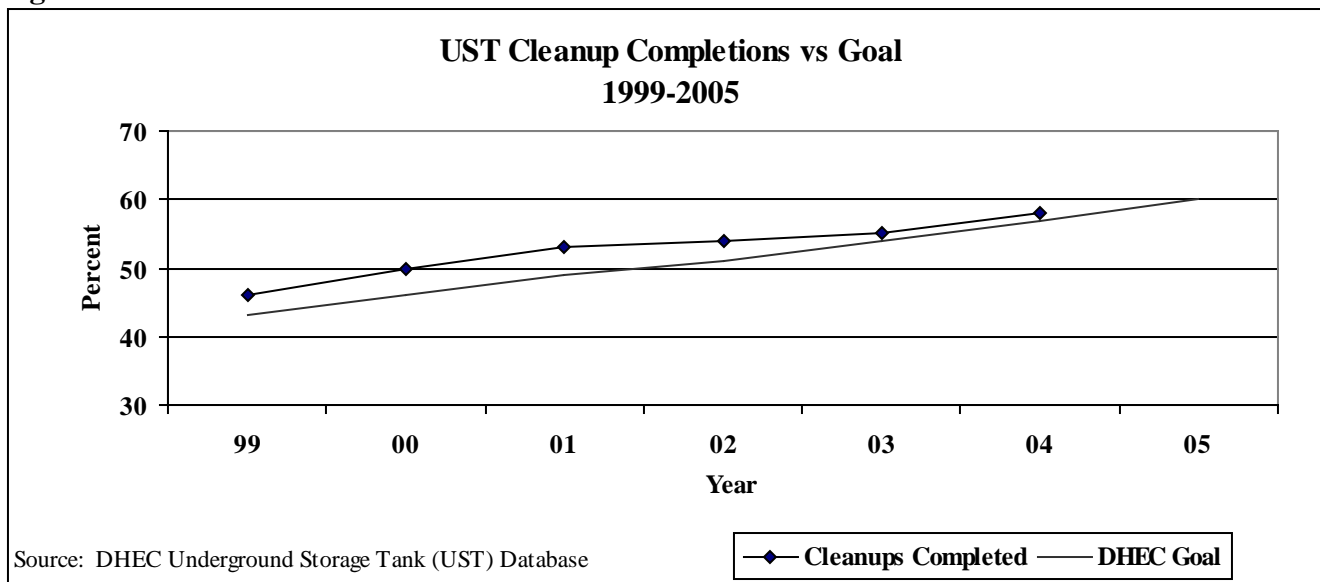
Percentage of Assessed Waters Supporting Fishable and Swimmable Uses



Source: 2004 305(b) Water Quality Assessment Report

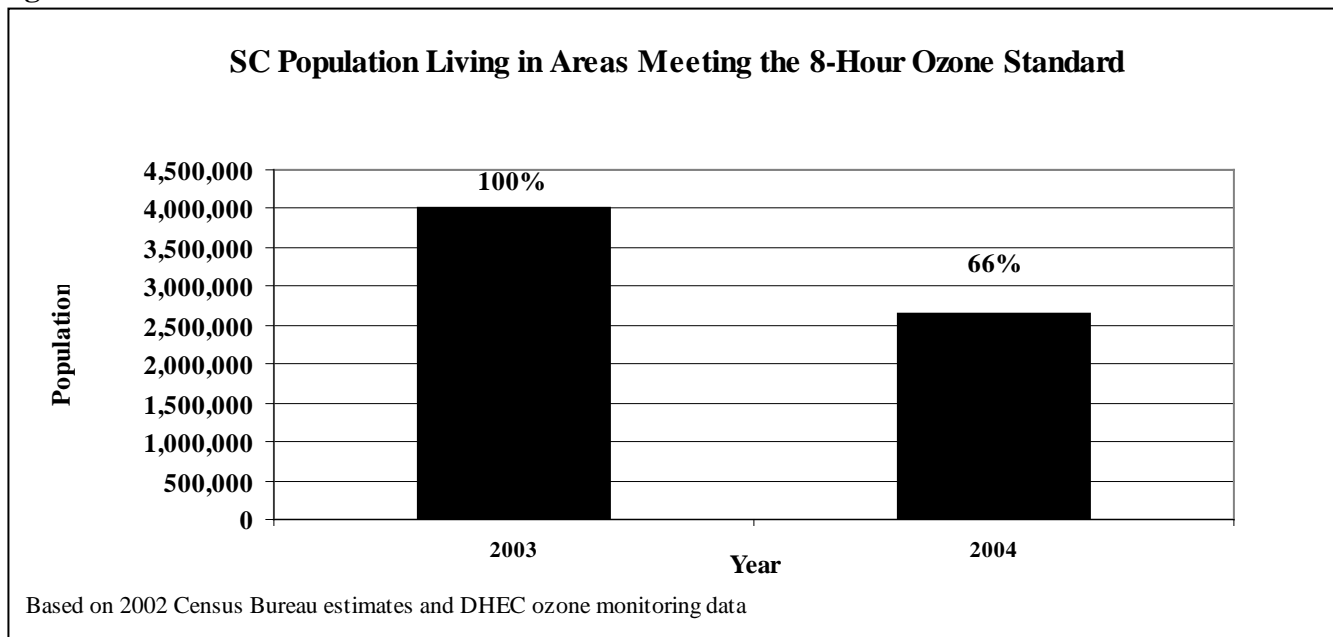
Based on the 2004 305(b) South Carolina Water Quality Assessment Report, almost all lakes and estuaries (salt waters) in South Carolina are safe for swimming. While just over 59% of our streams and rivers are classified as safe for swimming, it is important to note that many streams are inaccessible or too shallow for swimming. Approximately 65% of all waters are deemed fishable. The fishable goal is measured by whether or not the water supports a healthy aquatic community. All waters which do not fully support these uses are slated for watershed restoration to ensure full attainment of this goal.

Fig 7.2.6



A total of 58%, or 4,949 cleanups out of over 8,514 confirmed releases, have been satisfactorily corrected, exceeding DHEC established interim goals. If this level of closure activity is sustained for the next year, DHEC will exceed the 60% closure goal by 2005.

Fig. 7.2.7



Prior to 2004, South Carolina met all of the National Ambient Air Quality Standards (NAAQS). However, due to a new, more stringent federal standard for ozone being implemented in 2004, it is estimated that now 66% of the state's population resides in attainment areas. The areas of concern for not meeting the standard consist of Greenville, Anderson, and Spartanburg counties along with portions of Lexington, Richland, and York counties.

Note: Since designations for this standard began in 2004, there is no long-term trend data to present.

Fig. 7.2.8

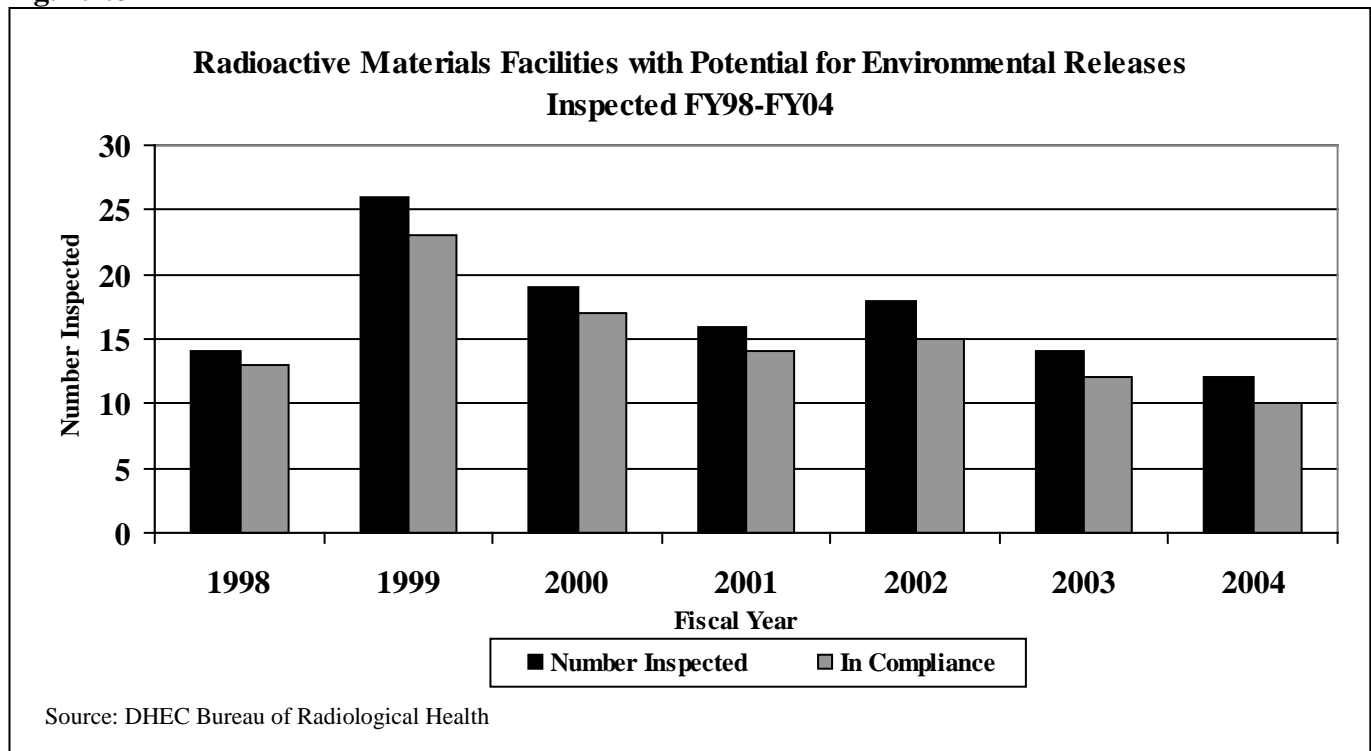
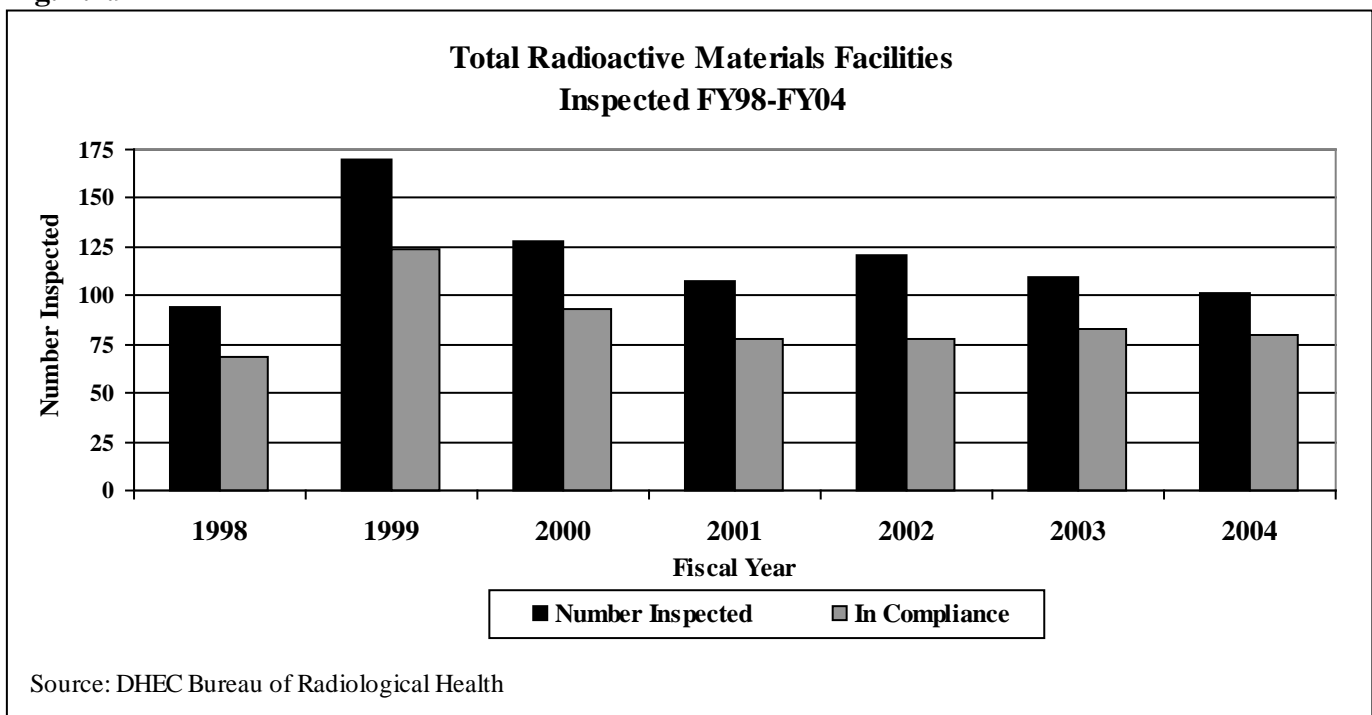
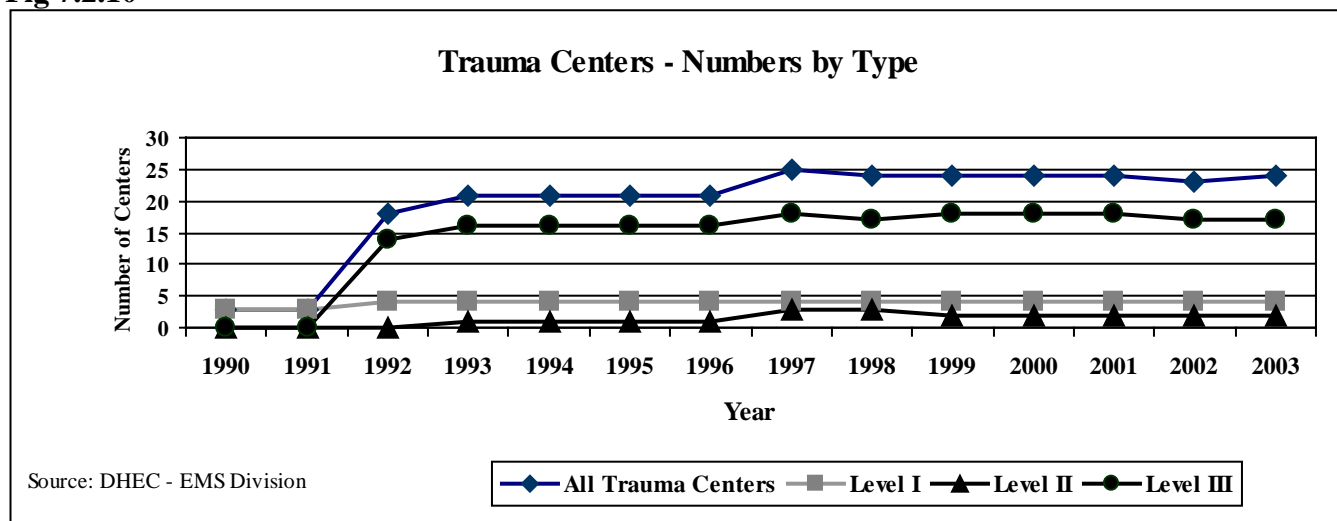


Fig. 7.2.9



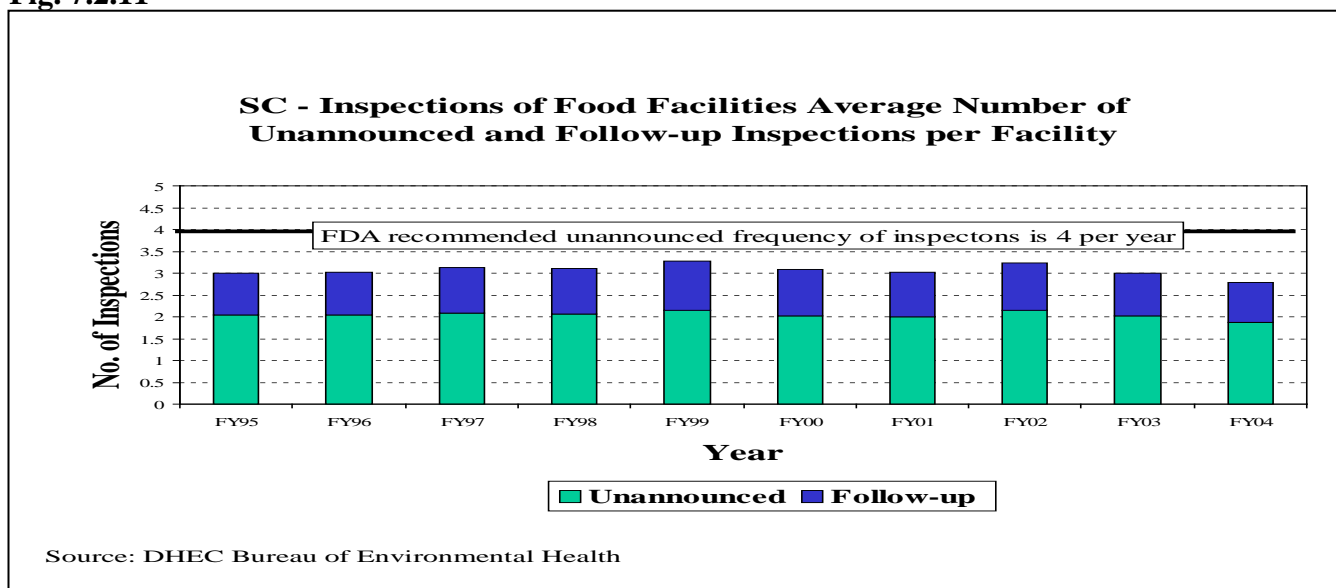
Minimizing the release of radioactive materials into the environment protects the public's health. The frequency of inspections is conducted in compliance with the Nuclear Regulatory Commission (NRC) guidelines, which vary from one to five years, depending on the type of facility.

Fig 7.2.10



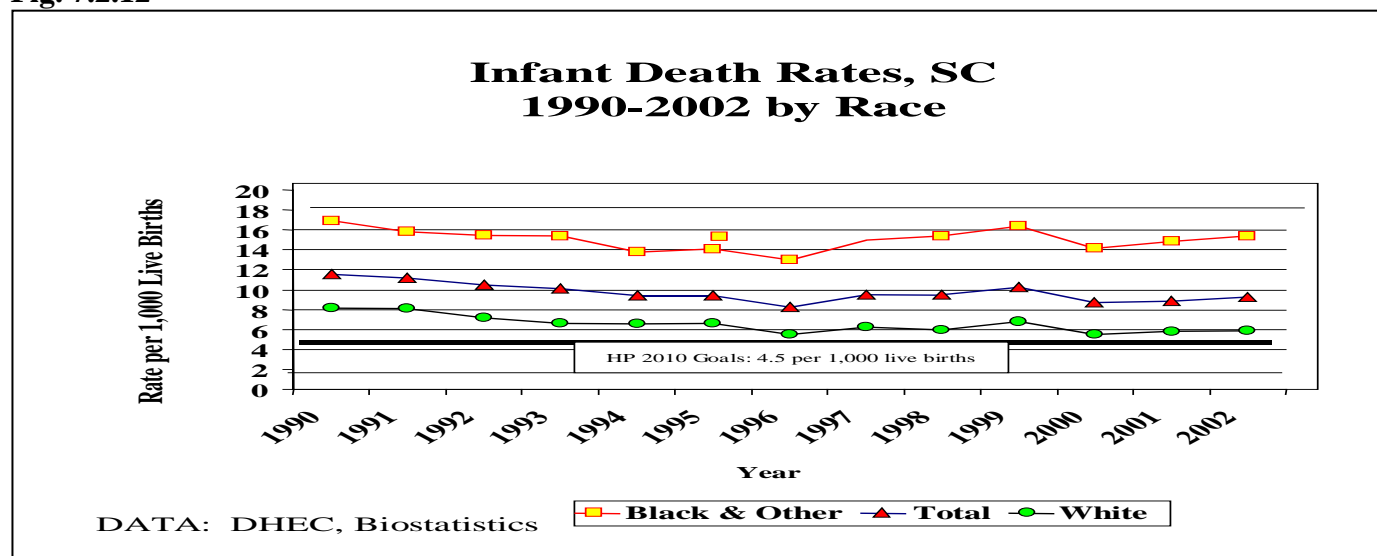
The chart shows the number of designated trauma centers since the voluntary trauma system's inception and the total numbers for all levels of designation, and also for each separate level (Level I, II, and III). South Carolina ranks 11th in the nation for deaths from injuries and 3rd for deaths from motor vehicle crashes. The trauma system, which must include an adequate number of medical centers and EMS personnel to serve the growing population of the state, is facing serious problems. The existing trauma centers continue to lose millions of dollars caring for trauma patients and are having difficulty hiring and retaining the necessary medical specialists. The agency is supporting the development of a statewide trauma network with regional planning, enhanced communication and evaluation of the appropriateness of pre-hospital transports of patients within the system.

Fig. 7.2.11



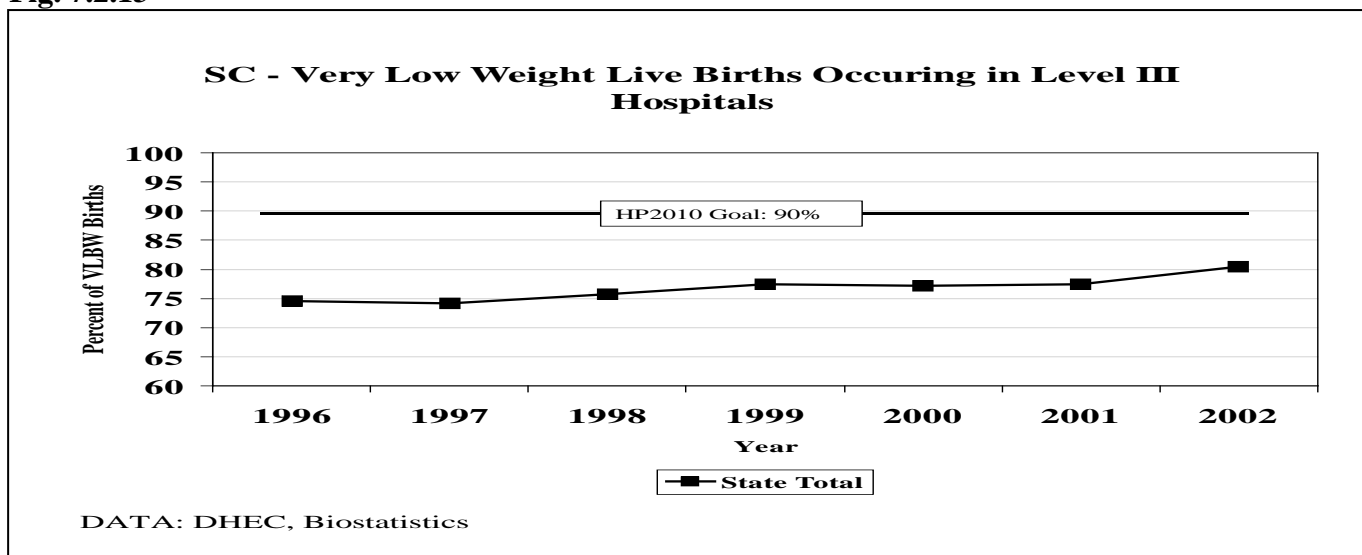
The potential for a food borne illness is ever present. Inspections of facilities contribute to safe food handling practices and techniques. The number of sufficiently trained food service inspectors has not kept pace with the growth in food service facilities in the state which have increased by 394 in FY04. The Food and Drug Administration (FDA) recommends four unannounced inspections per year. Attainment of the four inspections per year standard is not possible at the current resource level.

Fig. 7.2.12



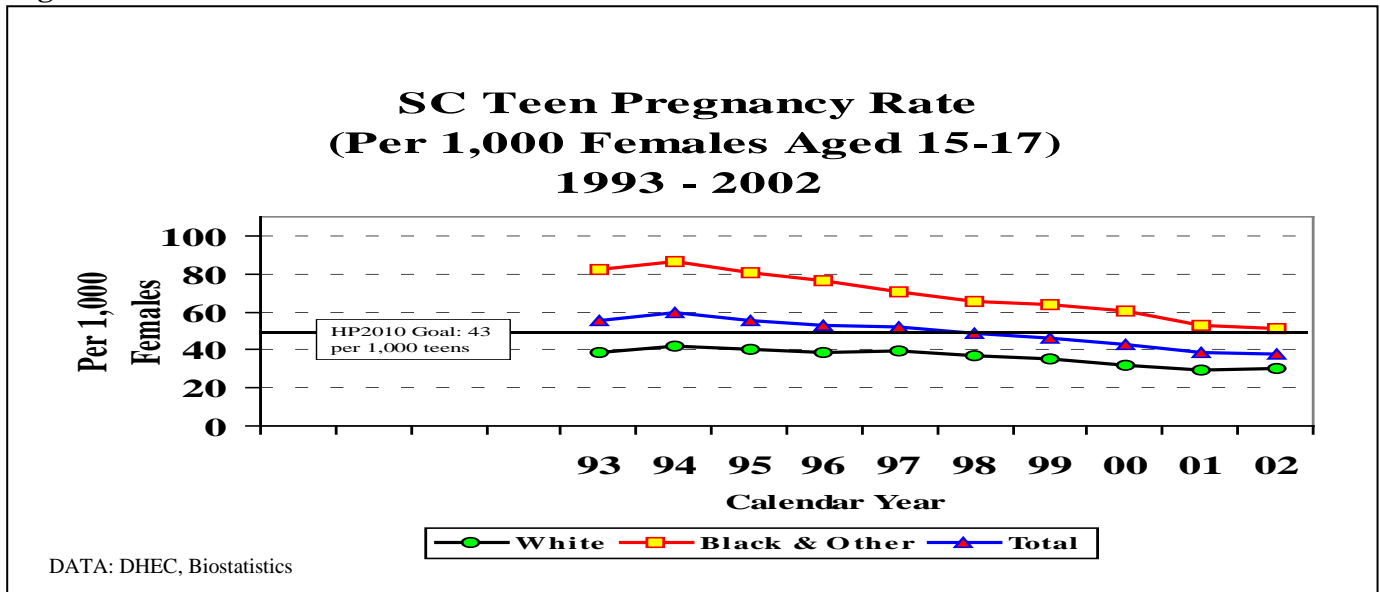
The leading causes of infant death in South Carolina continue to be congenital anomalies, preterm and low birthweight and maternal complications. To address the recent increase, DHEC has joined the South Carolina March of Dimes in a campaign to reduce preterm births through education, clinical interventions, and advocacy activities. The racial disparity in infant deaths continues to result in Black infants dying 2.5 times more often than White infants. DHEC has been awarded a grant by the US Department of Health and Human Services to implement research-based best practices within areas of the state with the highest racial disparities in infant mortality to work with partners to address infant mortality.

Fig. 7.2.13



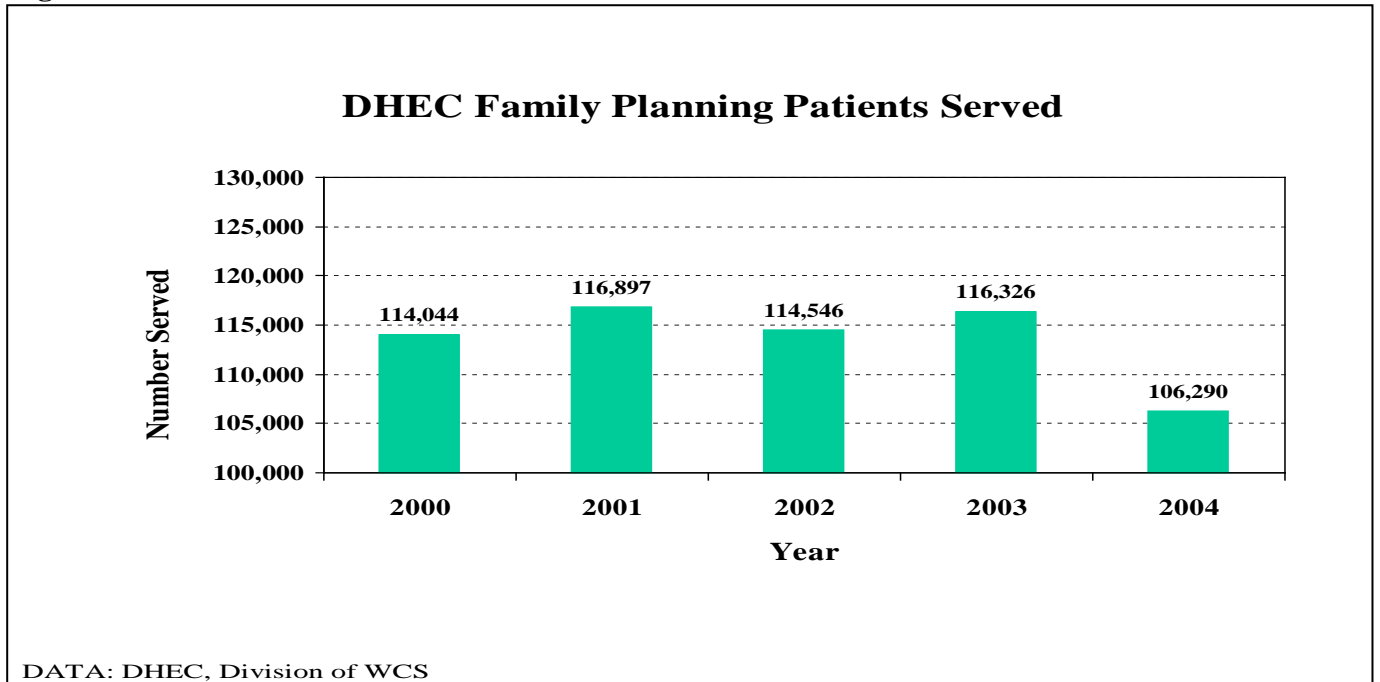
Very Low Birth Weight (VLBW) babies have better survival rates if they are born in Level III hospitals. The data shows that there has been little change until the most recent year in the percentage of VLBW infants born in Level III hospitals. To improve the current results, revised hospital regulations went into effect April, 2002 that require all hospitals to review all very low birthweight births utilizing a tool developed by DHEC, that is intended to assist hospitals in identifying reasons for VLBW deliveries outside Level III hospitals and facilitate appropriate maternal transfers in the future. Additionally, the revised regulations require all hospitals to have a documented relationship with their designated Regional Perinatal Center for transfer and consultation.

Fig. 7.2.14



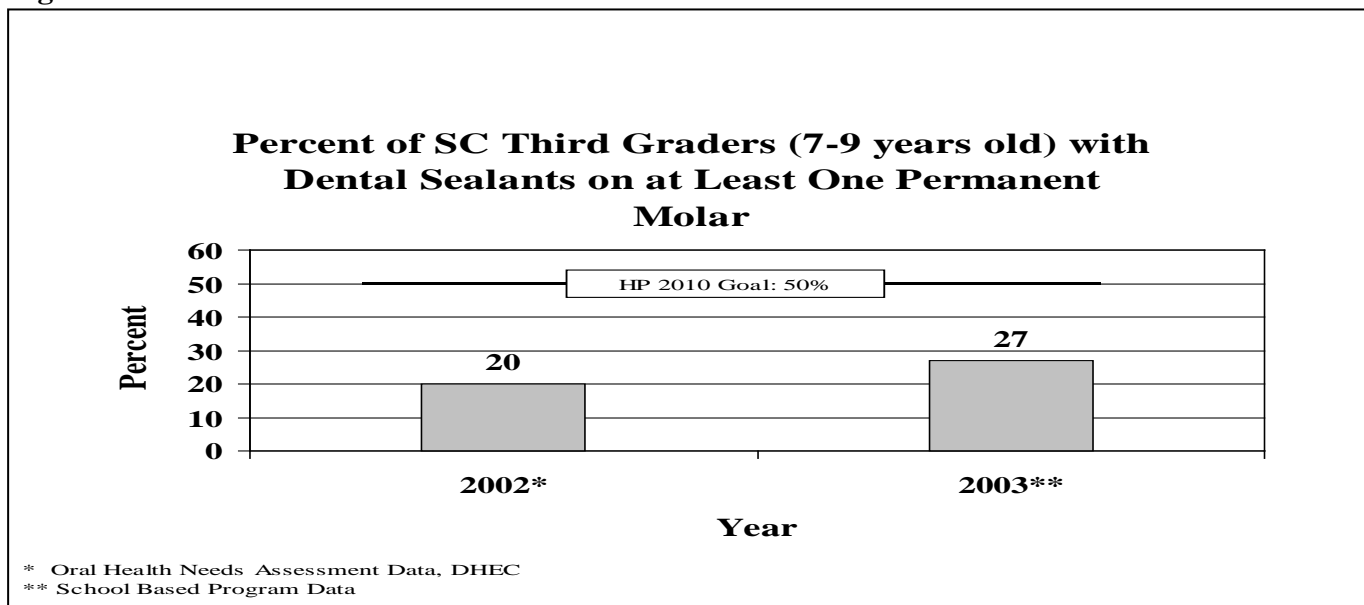
Overall, teen pregnancies ages 15-17 have continued to decline in the state. This decline can mainly be attributed to the continued decrease of the teen pregnancy rate for the Black population. The overall teen pregnancy rate for 2002 was 38.2 per thousand teens ages 15-17. At this time, the state has reached the Healthy People 2010 goal for the nation for teen pregnancies.

Fig.7.2.15



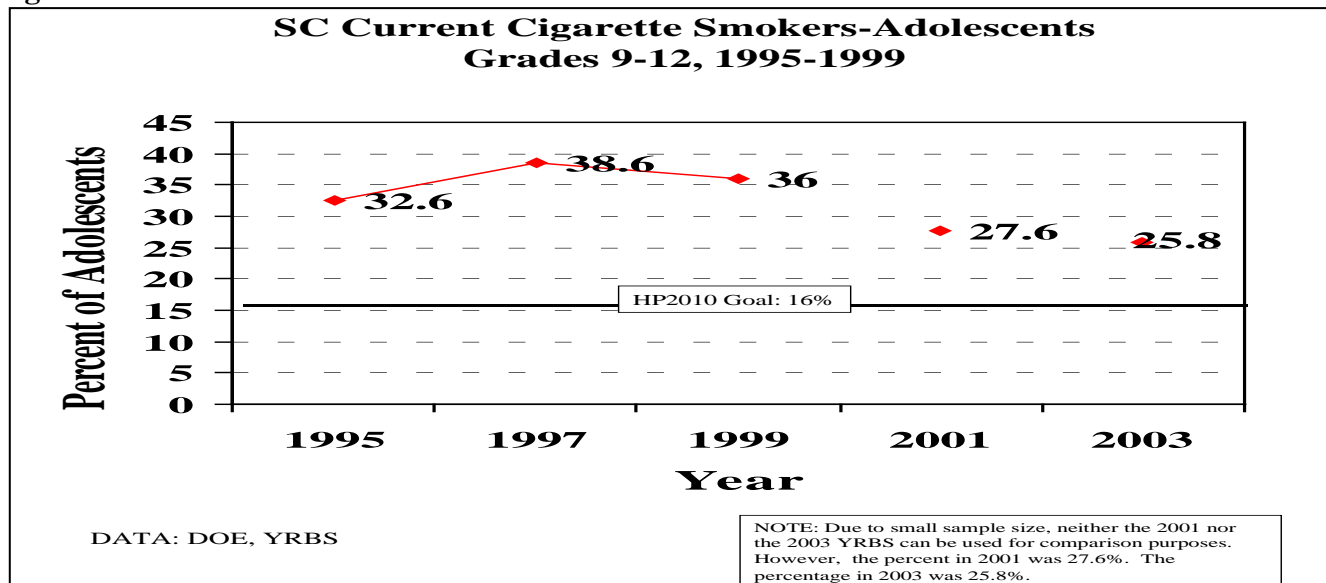
In FY 2003, 116,748 low-income women and men received clinical preventive health and family planning services at DHEC, a drop of 8.6 percent from FY03. The decline in number of patients served is because of insufficient clinic staff due to budget constraints and the nursing shortage.

Fig. 7.2.16



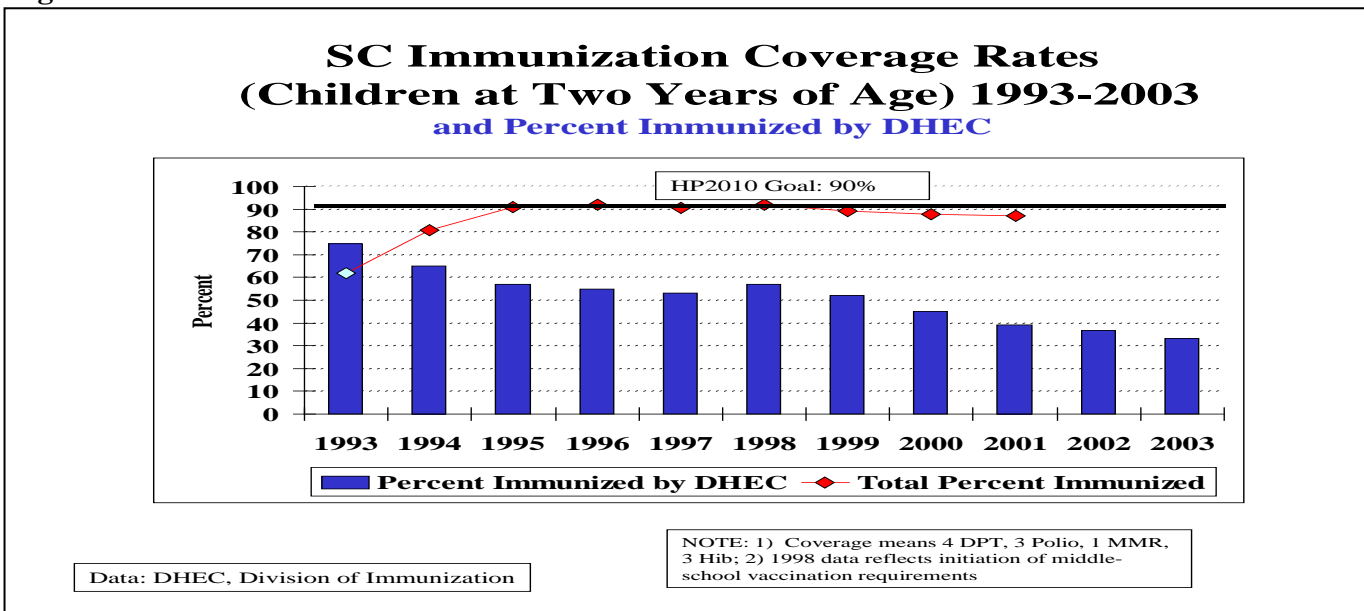
Dental sealants (plastic coatings) are applied to decay susceptible tooth surfaces to reduce tooth decay. Sealants are recommended by public and professional health agencies for preventing cavities, particularly in children at high risk of tooth decay. DHEC reestablished a public health dental program in 2000 emphasizing partnering with the private sector to jointly prevent oral health disease, particularly in children. In 2003, South Carolina showed improvement in the proportion of children who have at least one permanent molar with a dental sealant. However, the state is still far away from the Healthy People 2010 goal of 50%.

Fig. 7.2.17



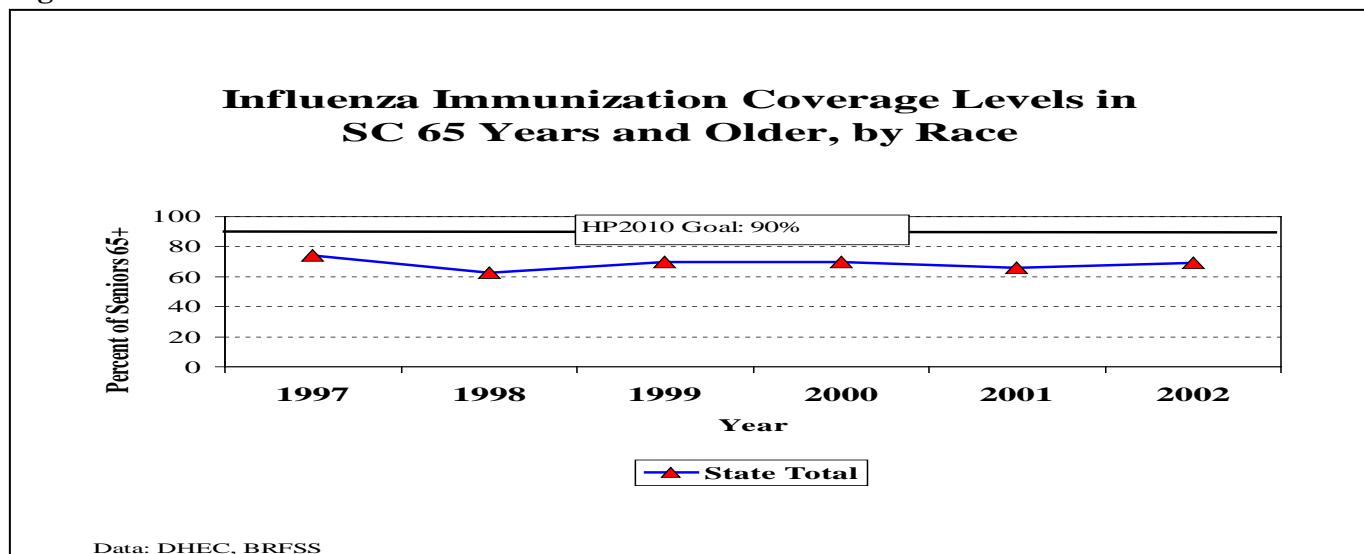
Reducing adolescent smoking rates is a public health priority in South Carolina. South Carolina teens smoke at a slightly higher rate than the national average, and the state is well above the Healthy People 2010 goal of 16 percent. At South Carolina's current smoking rate, about 90,000 kids now under 18 will die prematurely from their smoking.

Fig. 7.2.18



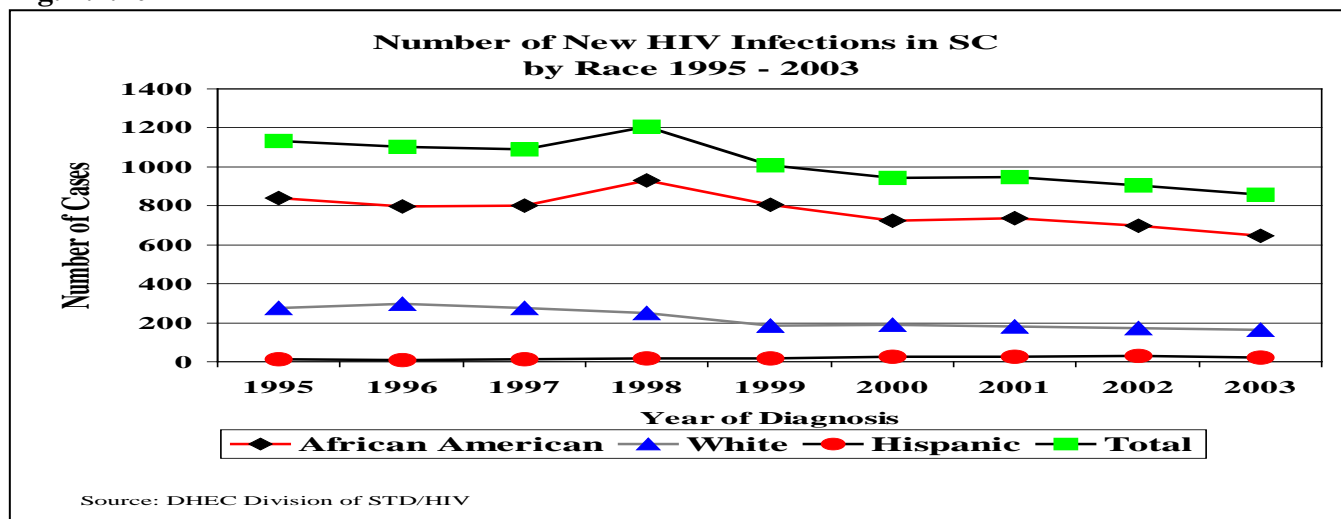
Before 1993, DHEC was the primary provider of immunizations for children. The agency has transitioned much of its direct childhood immunization efforts to the private sector by establishing immunization partnerships and encouraging medical homes for children. Immunization coverage levels continue at a high level in South Carolina, due to strong public-private partnerships between DHEC and the medical community.

Fig. 7.2.19



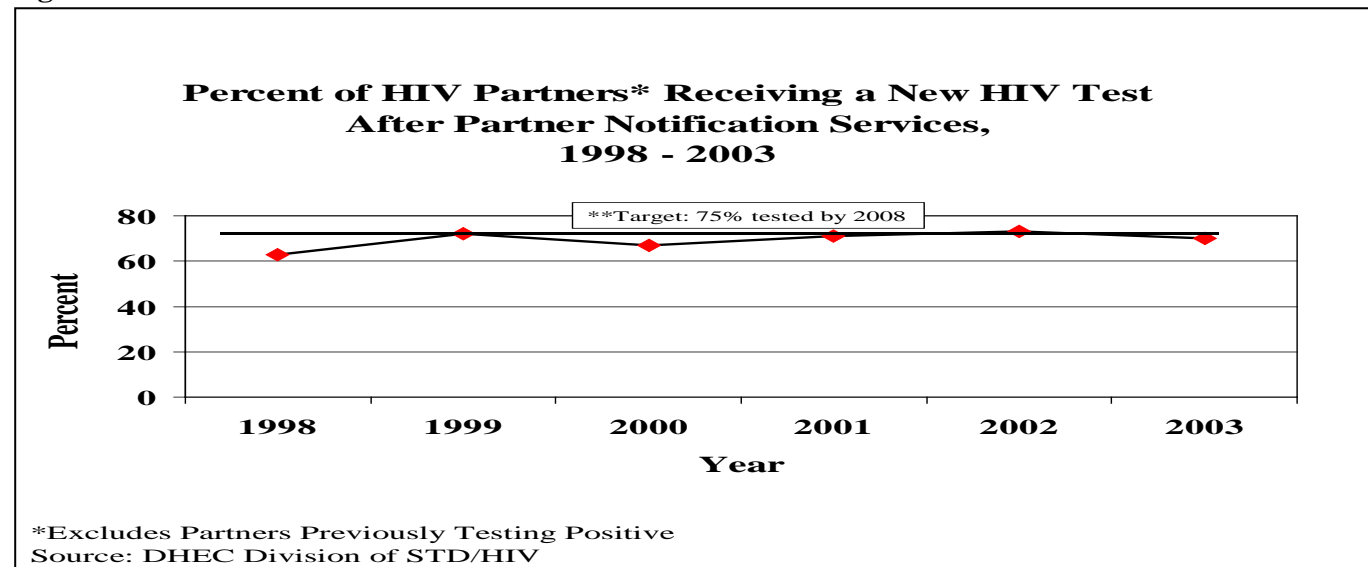
Influenza is a major cause of death and hospitalization among the senior population in South Carolina. Vaccinations against these diseases can reduce health care costs and death and disability among this vulnerable population. Compared to the national average, the state is vaccinating more of its seniors, but it has a long way to go to reach the Healthy People 2010 goal for the country. DHEC is one of several providers in the state immunizing seniors. During the 2003-2004 Influenza season, DHEC distributed over 159,916 influenza vaccine doses to its public health clinics statewide, compared to over 122,000 during the 2002-2003 season, an increase of about 31%.

Fig. 7.2.20



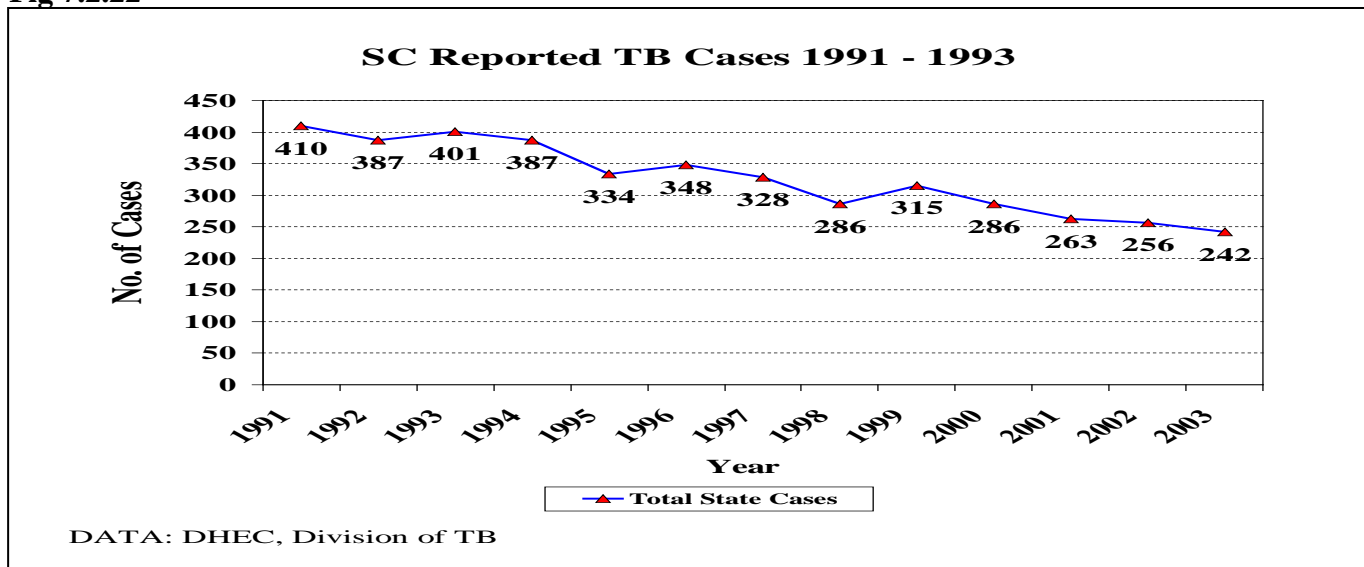
The total number of newly diagnosed HIV cases in South Carolina continues to decrease since 1995. Nearly 900 new cases of HIV are diagnosed in South Carolina each year. While the number of new HIV cases appears to be leveling, many persons at risk have not yet been tested and are unaware of their infection. African Americans are still disproportionately impacted, accounting for three out of every four persons recently diagnosed. Improved drug regimens help HIV-infected people live longer, healthier lives and contribute to a steadily increasing number of people living with HIV/AIDS in South Carolina. At the end of 2003, 13,218 persons were known to be living with HIV infection (including AIDS) in the state.

Fig. 7.2.21



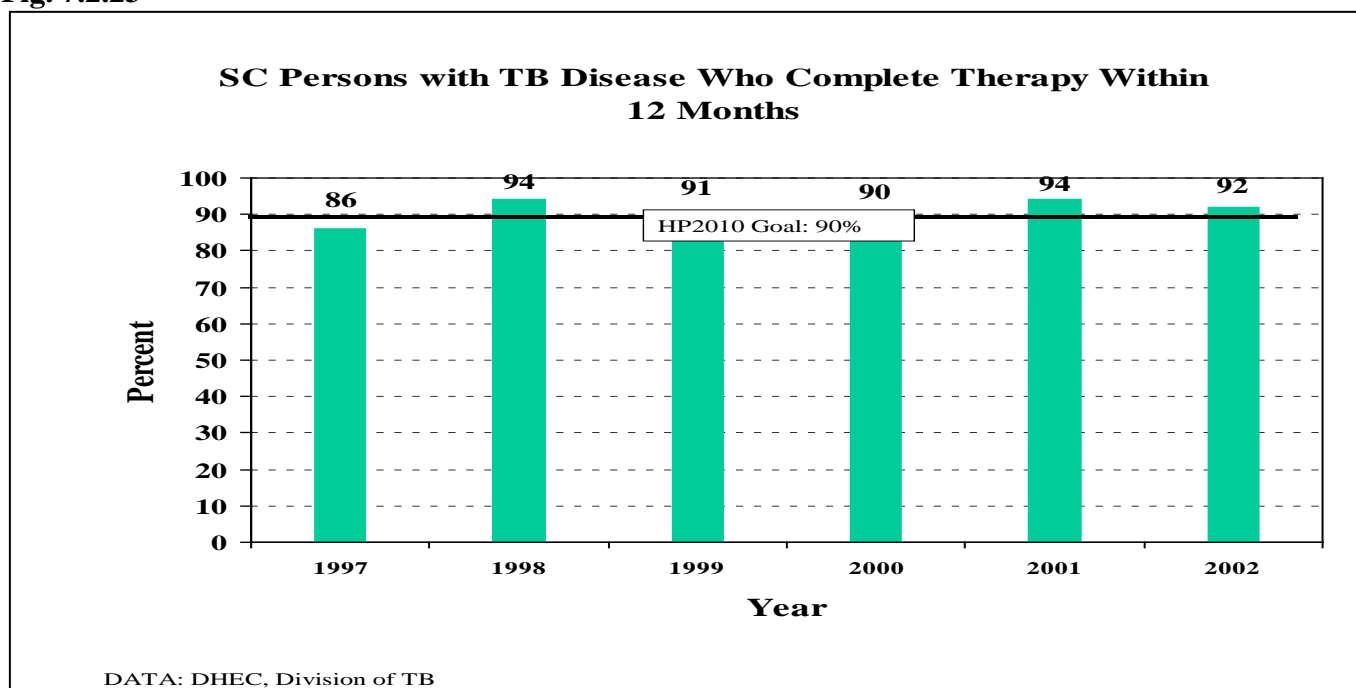
Partner counseling and referral services assists HIV-infected persons with notifying their partners of their exposure to HIV and is an effective strategy for reaching persons at very high risk for HIV infection. In 2003, 1720 partners were named by HIV infected persons; of those eligible for partner notification services, 70% were located and accepted either counseling and/or testing services. Among persons reached through partner notification and who were newly tested during the past five years, an average of 16% were newly diagnosed with HIV infection, compared to 1.2% of all persons tested in county health department clinics. These results reflect the success of this targeted testing strategy.

Fig 7.2.22



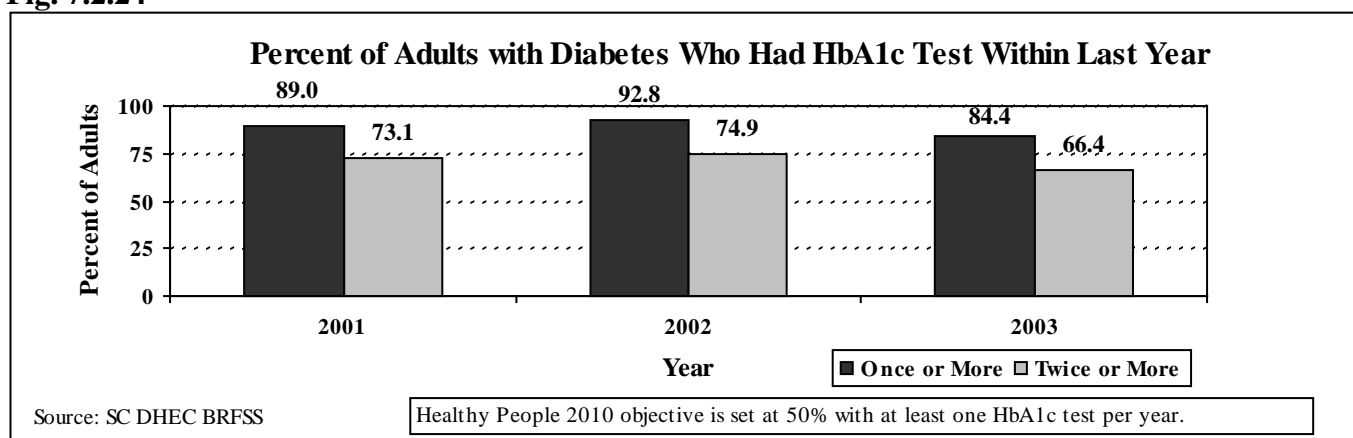
The number of reported cases of Tuberculosis in South Carolina has dropped 41 percent from 1991 through 2003. This compares favorably to the US overall, which saw a 39 percent decline in reported TB cases from 1992 through 2000. Nevertheless, South Carolina continues to rank among the top 10 states nationally in the number of new cases reported per 100,000 population.

Fig. 7.2.23



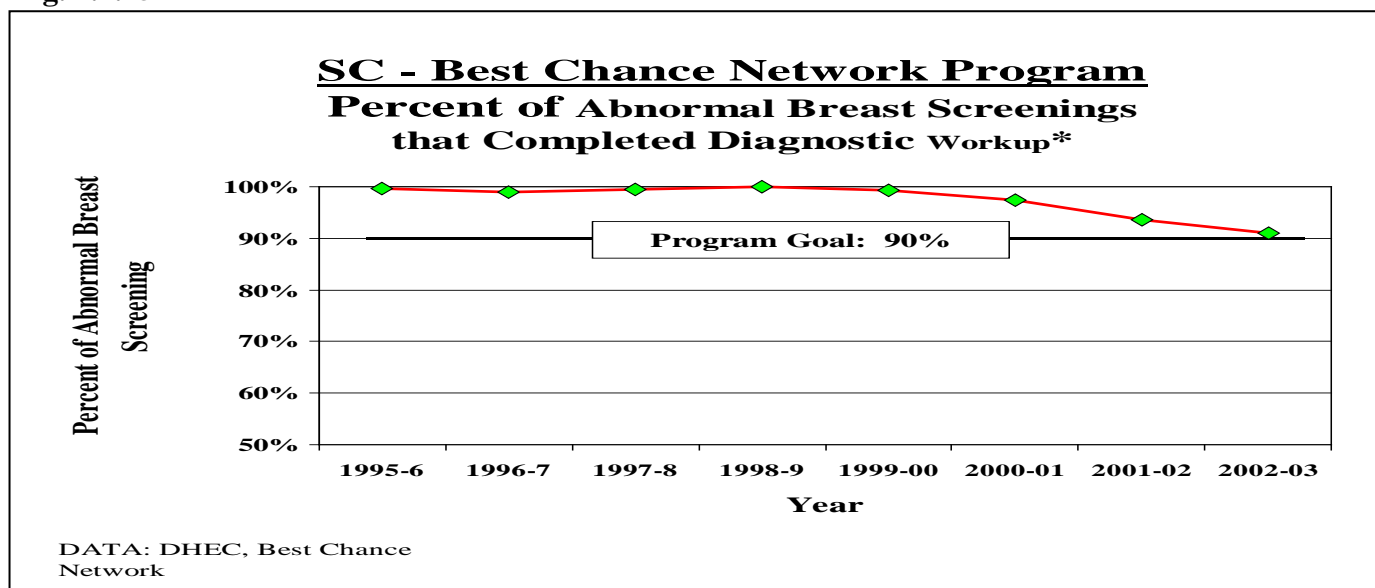
It is essential to ensure that persons who are suspected of having active tuberculosis disease are identified, evaluated, placed on the recommended course of treatment, and complete their treatment. Directly Observed Therapy, supervised by public health nurses, is the effective strategy performed by DHEC to ensure this level of sustained success. Successful treatment requires six months or more of an appropriate drug regimen. South Carolina is consistently at or above the Healthy People 2010 goal for the nation.

Fig. 7.2.24



Diabetes is a major public health problem in South Carolina affecting an estimated 650,000 people. It is the sixth leading cause of death in the state as well as the nation. DHEC, in collaboration with the Federal Bureau of Primary Care and the South Carolina Primary Health Care Association, began working with three Community Health Centers across the state in 1999 on “adherence to diabetes recommended standards of care,” including monitoring the HbA1c test, a measure of long-term glucose control. To date, the results are encouraging and South Carolina has met the Healthy People 2010 objective: In 2003, 84% of adults with diabetes received at least one HbA1c test within the past year. The standard of care has changed since the Healthy People 2010 objectives were set and it is recommended for people with diabetes to have the HbA1c test at least twice a year. As the figure shows, in South Carolina the latest estimate indicates 66% of people with diabetes have an HbA1c test at least twice a year compared to the baseline (1999) of 45%.

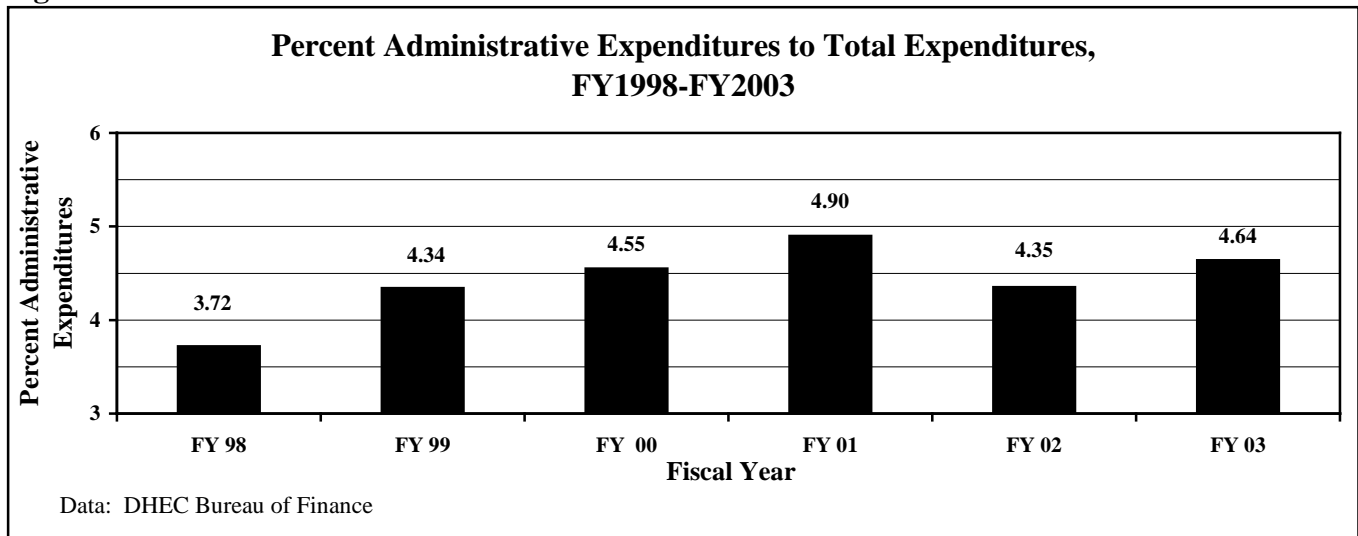
Fig. 7.2.25



The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams (CBE) and mammograms to over 7,400 women. Of the breast screenings performed, 12.2% were abnormal (abnormal CBE and/or mammogram). This percentage has remained consistent (9.3% to 11.1% range) over the past eight years. The program’s goal is that at least 90% of the abnormal breast screenings will complete diagnostic work-up, and over the past eight years, the program has met that goal. Recent slight declines are primarily due to reporting issues that the program is addressing with its partners.

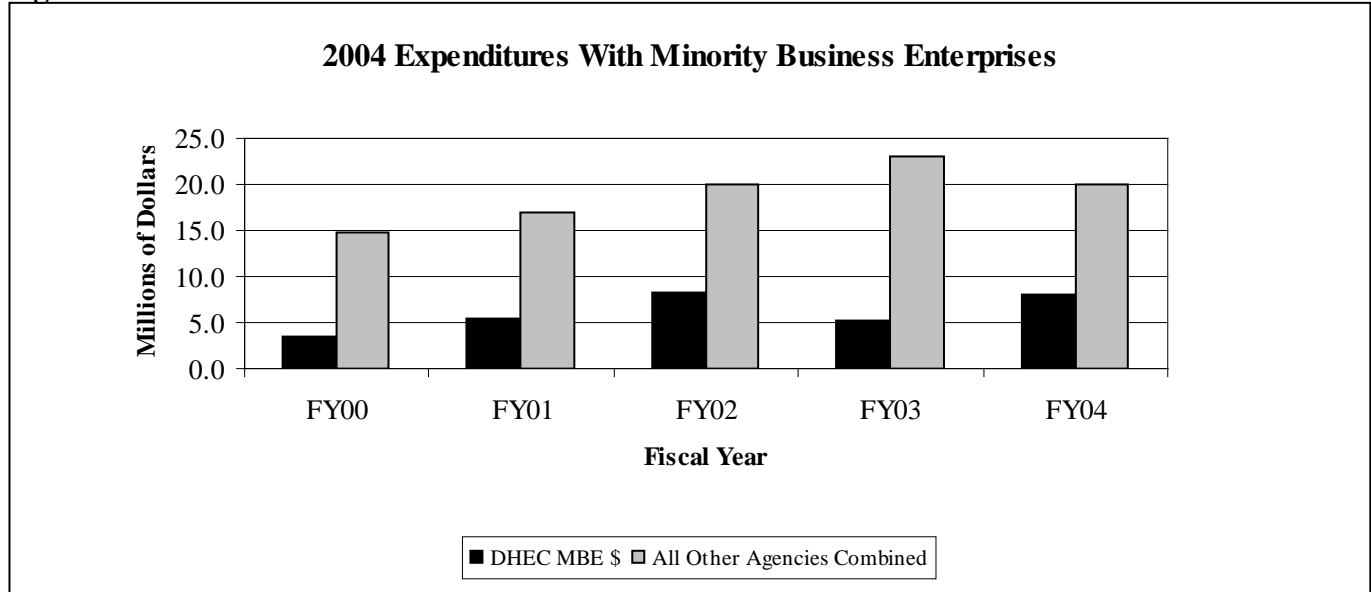
III. 7.3 Financial Performance Results

Fig. 7.3.1



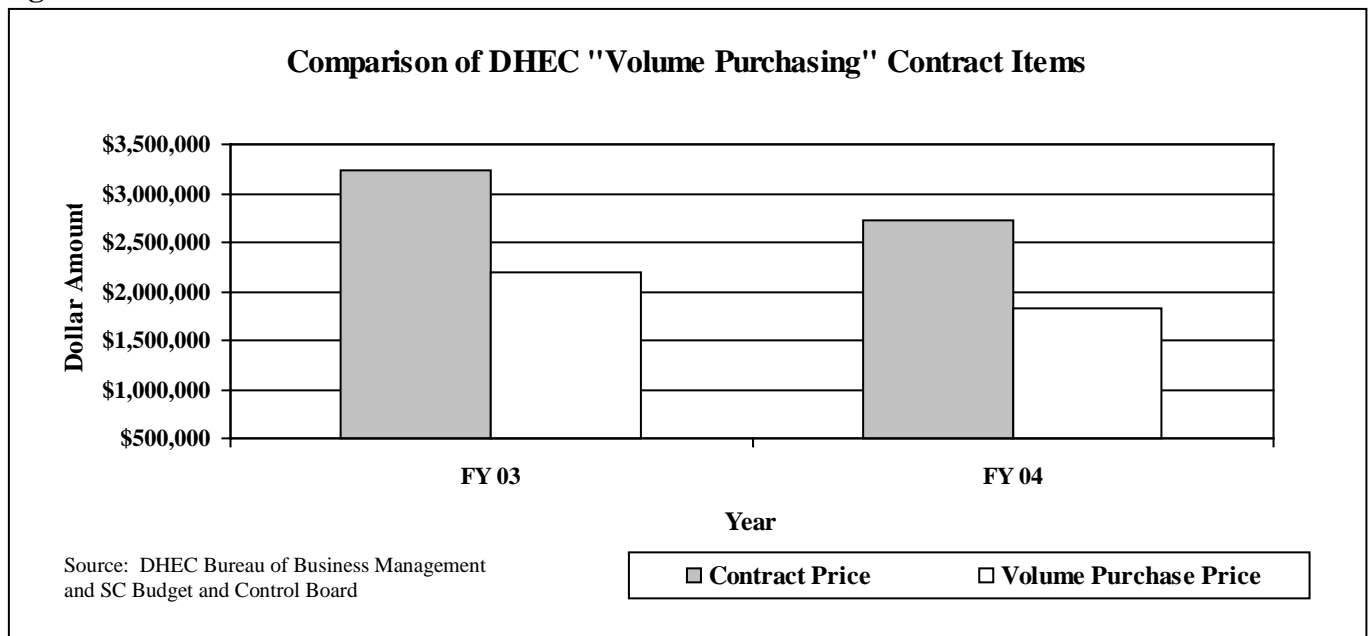
The agency always focuses on reducing and holding down its administration cost. The increase in 2001 was due to the required data center consolidation, which relocated our computer processing to the State Data Center. The slight increase in the rate for FY03 is directly due to the unprecedented budget cuts and the agency's holding down total expenditures. The increase in number of available vacancies outside of administration allowed the agency to reduce its total expenditures more quickly than in administration.

Fig. 7.3.2



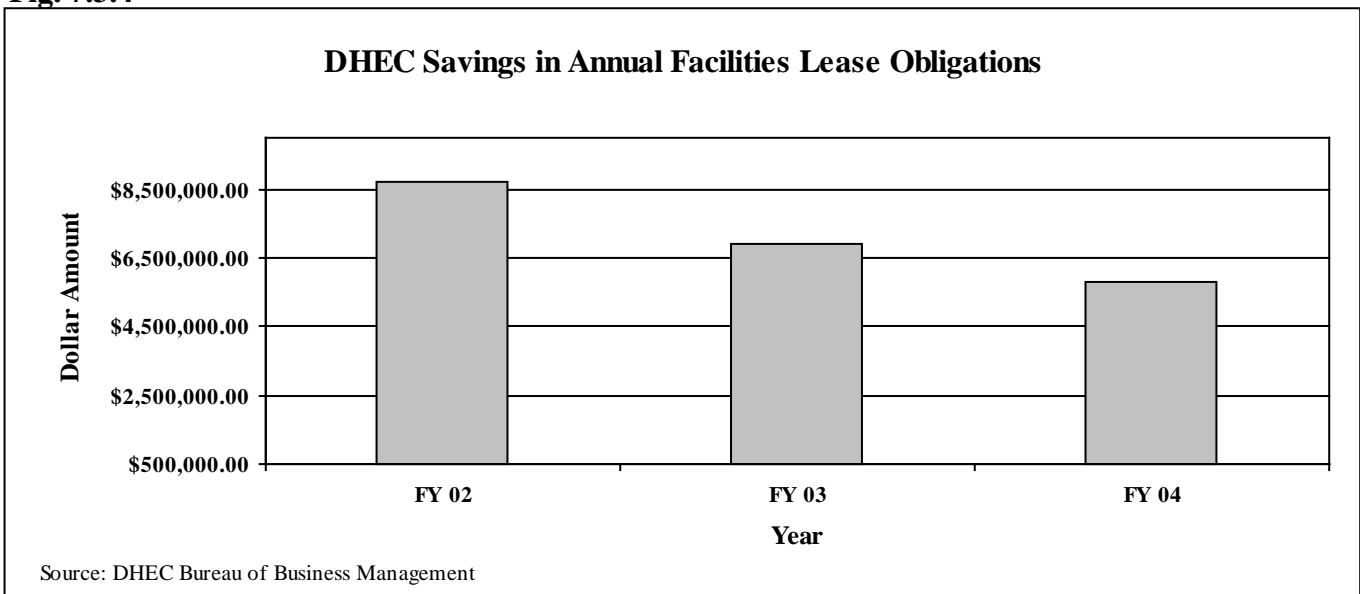
In FY03 DHEC was acknowledged by the Governor's Office for having the most expenditures with Minority Business Enterprises (MBEs). In FY04 DHEC spent \$8.1M with MBEs, a 53% increase and it is estimated to be 29% of the state's totals once all other agencies have completed their reports. In FY04, DHEC exceeded its goal by 120%. Over the last five years, DHEC's MBE expenditures have been in the top two in the state. DHEC has averaged \$6.1M expenditures per year with MBEs compared to all the other agencies' combined average of \$19.0M, of which DHEC's total is 24% of the state's total.

Fig. 7.3.3



This chart reflects the annual savings for FY03 and FY04 achieved by grouping purchases quarterly and competing among state contract vendors. The savings during period July 2003 – June 2004 by grouping state contract items into volume purchases were \$891,276 representing more than 33% below the state contract pricing of \$2.6 million for personal computers. Although this savings is less than last year's \$1.05M, DHEC made fewer purchases due in part to budgetary constraints and economic instability.

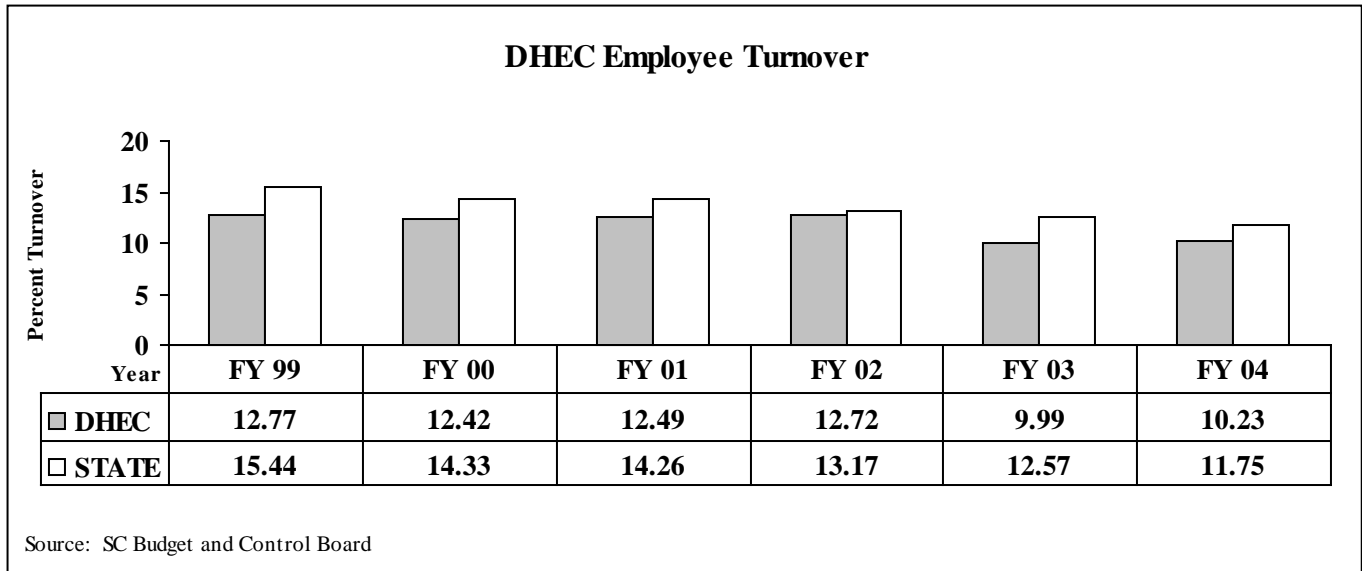
Fig. 7.3.4



This chart reflects the reduction in the annual obligation of funds for leasing commercial facilities from FY02 through FY04. The agency's annual facilities lease obligation was reduced by \$1,125,242 during this reporting period, a savings of 16%. These savings were realized through contract negotiations of existing leases, as well as program review that led to consolidation and reduction in physical space requirements.

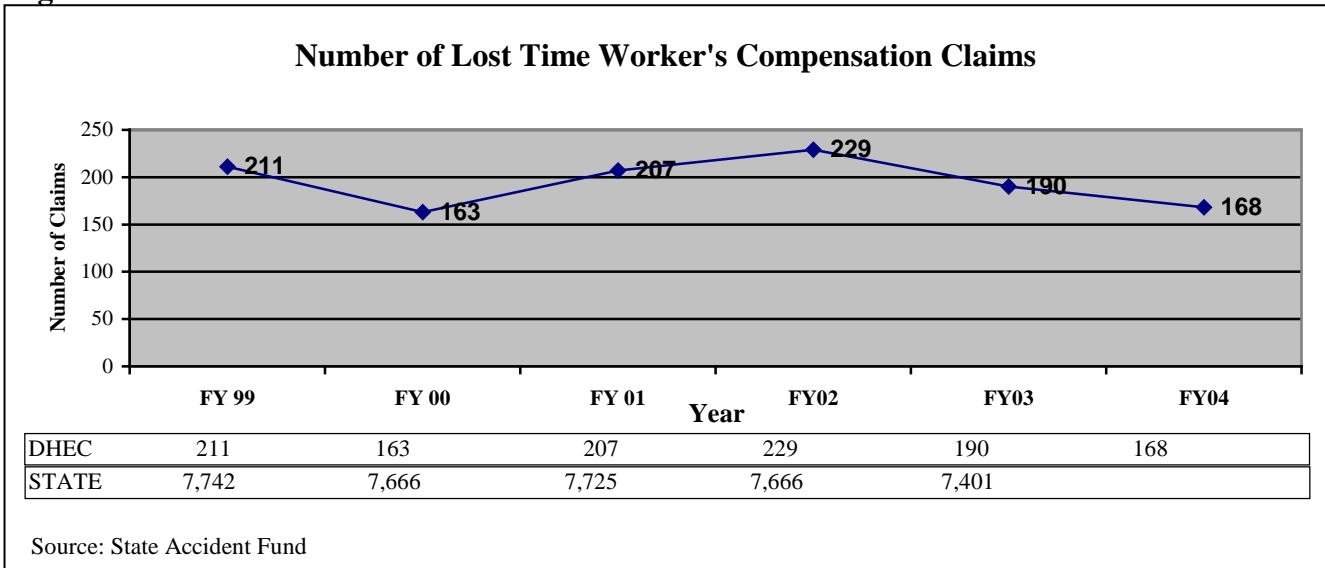
III. 7.4 Human Resource Results

Fig. 7.4.1



Although employee turnover increased slightly from FY 03, the agency employee turnover rate is still 13% below the overall state turnover rate, continuing the trend of having a lower rate than the state average. While the overall turnover rate is positive, there are still concerns regarding healthcare positions, especially nursing, which has a turnover rate of 15.97% or over 50% higher than the rest of the agency.

Fig. 7.4.2.



The number of Worker's Compensation lost time accident claims has fallen over the last two years. This is a result of additional training and the conversion of using Compendium for Worker's Compensation case management starting in FY 2002.

III. 7.5 Regulatory/Legal Compliance and Community Support

Fig. 7.5.1

IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS			
Years	Number of Recommendations	Recommendations Implemented	Recommendations Outstanding
FY2004	103	63	40
FY2003	155	147	8
TOTALS	258	210	48

Source: DHEC Office of Internal Audits

Over the past two fiscal years, Office of Internal Audits has made 258 recommendations to improve agency operations, internal controls and procedures. Of those 258 recommendations, 210 have been implemented (81%), with the remaining 48 outstanding (19%) during this reporting period. This shows a serious commitment by DHEC managers to make some positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Audit Committee of the DHEC Board.

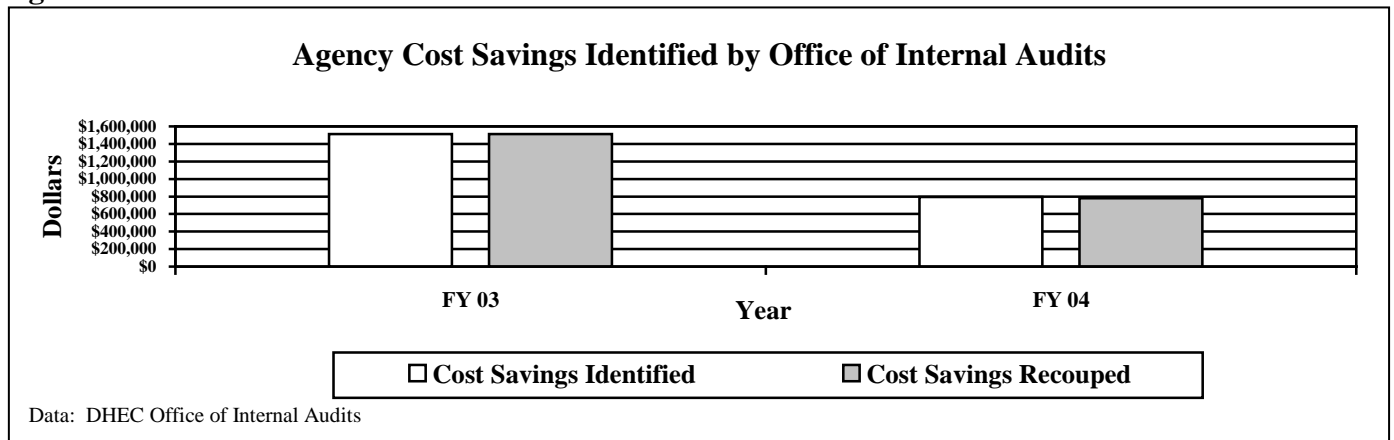
Fig. 7.5.2

RESULTS OF THE STATEWIDE SINGLE AUDITS AND AGREED UPON PROCEDURES AUDITS FOR DHEC		
Report	FY2003 Recommendations	FY2002 Recommendations
Agreed Upon Procedures Audit	0	0
Statewide Single Audit	1	1
TOTALS	1	1

Source: DHEC Office of Internal Audits

The State Auditors or their contractor(s) audit DHEC each year for compliance with State Policies and Procedures, which results in the Agreed Upon Procedures Audit, and compliance with Federal Programs, which results in the Statewide Single Audit, of which DHEC is a part. Over the past two fiscal years audited, DHEC has received no reportable findings in the Agreed Upon Procedures Audits and only one finding each year for the Statewide Single Audits. According to the State Auditors and their contractor(s) this is quite an accomplishment for an agency of DHEC's size and mission.

Fig. 7.5.3



DHEC's Office of Internal Audits identified cost savings through audits and the agency was able to recoup 100% of these cost savings in FY03 and 98% in FY04.

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management, personnel services.	State: 7,146,742.44 Federal: Other: 12,051,637.12 Total: 19,198,379.56 % of Total Budget: 4%	State: 7,058,174.11 Federal: Other: 10,538,211.89 Total: 17,596,386.00 % of Total Budget: 4%	7.1.1 7.3.1 7.4.2 7.1.2 7.3.2 7.5.1 7.1.3 7.3.3 7.5.2 7.1.4 7.3.4 7.5.3 7.1.5 7.4.1
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	State: Federal: 1,137,201.11 Other: 1,233,176.71 Total: 2,370,377.82 % of Total Budget: 0%	State: Federal: 1,434,019.32 Other: 1,067,929.95 Total: 2,501,949.27 % of Total Budget: 1%	7.2.6
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State: 9,978,361.91 Federal: 6,398,422.19 Other: 8,932,079.69 Total: 25,308,863.79 % of Total Budget: 5%	State: 8,984,949.93 Federal: 6,834,477.96 Other: 8,799,171.21 Total: 24,618,599.10 % of Total Budget: 5%	7.2.4 7.2.5
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations.	State: 930,353.95 Federal: 2,490,885.32 Other: 270,064.40 Total: 3,691,303.67 % of Total Budget: 1%	State: 828,048.72 Federal: 2,286,960.45 Other: 239,400.01 Total: 3,354,409.18 % of Total Budget: 1%	7.2.1
II.B.1.a National Estuary Research Reserve	Protects specific biogeographical regions under a National Program. SC has two such regions: ACE (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay.	State: Federal: 1,036,086.47 Other: Total: 1,036,086.47 % of Total Budget: 0%	State: Federal: 2,095,065.47 Other: Total: 2,095,065.47 % of Total Budget: 0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
II.B.1.b Charleston Harbor S.A.M.P.	Federally funded study of the Charleston Harbor.	State: Federal: 16,373.43 Other: Total: 16,373.43 % of Total Budget: 0%	State: Federal: Other: Total: % of Total Budget: 0%	
II.B.1.c Coastal Zone Education	Provides education concerning SC Coastal Tidelands and Wetlands.	State: 66,853.00 Federal: Other: Total: 66,853.00 % of Total Budget: 0%	State: 58,299.84 Federal: Other: Total: 58,299.84 % of Total Budget: 0%	
II.C Air Quality Improvement	Ensures that all citizens live in areas where all National Ambient Air Quality Standards are met to reduce the potential of adverse health effects.	State: 925,936.57 Federal: 1,583,160.91 Other: 7,965,853.81 Restricted: 118,738.94 Total: 10,593,690.23 % of Total Budget: 2%	State: 876,803.23 Federal: 1,384,423.61 Other: 7,600,707.72 Restricted: 116,632.18 Total: 9,978,566.74 % of Total Budget: 2%	7.2.7
II.D.1 Land & Waste Management	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State: 3,301,678.46 Federal: 5,202,012.00 Other: 1,257,816.34 Restricted: 5,529,726.42 Total: 15,291,233.22 % of Total Budget: 3%	State: 3,190,097.20 Federal: 6,023,346.90 Other: 1,304,126.29 Restricted: 5,004,867.59 Total: 15,522,437.98 % of Total Budget: 3%	7.2.2 7.2.3 7.2.6
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	State: 86,344.49 Federal: Other: Total: 86,344.49 % of Total Budget: 0%	State: 89,150.80 Federal: Other: Total: 89,150.80 % of Total Budget: 0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
II.D.1.b Hazardous Waste Contingency Fund	Defrays the costs associated with governmental response actions that provide assessment and cleanup of uncontrolled hazardous waste sites.	State: 104,173.00 Federal: Other: Total: 104,173.00 % of Total Budget: 0%	State: 99,150.75 Federal: Other: Total: 99,150.75 % of Total Budget: 0%	7.2.2 7.2.3 7.2.6
II.E.1 Family Health Infectious Disease Prevention	Ensures that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Monitors population immunization and provides immunization services.	State: 11,913,263.72 Federal: 24,579,710.69 Other: 3,381,924.12 Total: 39,874,898.53 % of Total Budget: 8%	State: 11,489,914.81 Federal: 33,840,400.98 Other: 2,757,455.47 Total: 48,087,771.26 % of Total Budget: 10%	7.2.11 7.2.22 7.2.18 7.2.23 7.2.19 7.2.20 7.2.21
II.E.1.a Palmetto AIDS Life Support (pass thru funds)	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	State: Federal: Other: Total: % of Total Budget:	State: 18,158.00 Federal: Other: Total: 18,158.00 % of Total Budget: 0%	7.2.20 7.2.21
II.E.2 Maternal/Infant Health	Improves the health of all children and families in the state by providing family support services, newborn screening and home visits, medical home partnerships, family planning nutrition and oral health services.	State: 4,415,350.52 Federal: 91,773,842.34 Other: 14,810,836.43 Total: 111,000,029.29 % of Total Budget: 23%	State: 2,772,013.14 Federal: 88,199,403.91 Other: 15,133,196.07 Total: 106,104,613.12 % of Total Budget: 21%	7.2.12 7.2.13 7.2.14 7.2.15 7.2.16
II.E.2.e Kids Count (pass thru funds)	Contract for the SC Campaign to Prevent Teen Pregnancy. These funds were awarded to the Agency by the General Assembly.	State: 46,080.00 Federal: Other: Total: 46,080.00 % of Total Budget: 0%	State: 42,058.00 Federal: Other: Total: 42,058.00 % of Total Budget: 0%	7.2.14

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conducted by hospitals with at least 100 births annually. DHEC is the lead agency to establish procedures/protocols and monitor outcomes.	State: 651,970.55 Federal: Other: Restricted: 20,600.62 Total: 672,571.17 % of Total Budget: 0%	State: 743,230.11 Federal: Other: Restricted: Total: 743,230.11 % of Total Budget: 0%	
II.E.3 Chronic Disease Prevention	Promotes community, institutional, and environmental changes in the areas of physical inactivity, poor nutrition, tobacco use, hypertension and high cholesterol as they lead to chronic diseases such as cancer, heart disease and diabetes.	State: 1,221,633.79 Federal: 3,606,199.23 Other: 1,124.88 Total: 4,828,957.90 % of Total Budget: 1%	State: 1,499,747.41 Federal: 3,787,723.20 Other: 23,652.67 Total: 5,311,123.28 % of Total Budget: 1%	7.2.24 7.2.25
II.E.3.a Youth Smoking/Prevention	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states. Supports public policy changes in communities and schools.	State: Federal: Other: 1,407,792.25 Restricted: 138,356.57 Total: 1,546,148.82 % of Total Budget: 0%	State: Federal: 637,464.83 Other: 435,488.61 Restricted: 12,680.22 Total: 1,085,633.66 % of Total Budget: 0%	7.2.17
II.E.4. Assuring Public Health Services	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 33,781,336.37 Federal: 19,240,776.97 Other: 19,986,273.44 Total: 73,008,386.78 % of Total Budget: 15%	State: 35,273,947.78 Federal: 23,166,150.68 Other: 16,707,405.57 Total: 75,147,504.03 % of Total Budget: 15%	7.2.11 7.2.16 7.2.22 7.2.12 7.2.17 7.2.23 7.2.13 7.2.18 7.2.24 7.2.14 7.2.20 7.2.25 7.2.15 7.2.21
II.E.4.a Family Health Centers (pass thru funds)	Provides funding to health centers and projects throughout the state.	State: 391,796.56 Federal: Other: Total: 391,796.56 % of Total Budget: 0%	State: 436,586.53 Federal: Other: Total: 436,586.53 % of Total Budget: 0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
II. E. 4.c Biotechnology Center (pass thru funds)	These funds were awarded to the agency by the General Assembly for the SC Biotechnology Center in Greenwood.	State: 600,000.00 Federal: Other: Total: 600,000.00 % of Total Budget: 0%	State: 547,620.00 Federal: Other: Total: 547,620.00 % of Total Budget: 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	State: Federal: Other: 1,215,389.66 Total: 1,215,389.66 % of Total Budget: 0%	State: Federal: Other: 1,186,013.80 Total: 1,186,013.80 % of Total Budget: 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State: 893,495.00 Federal: 618,281.64 Other: Total: 1,511,776.64 % of Total Budget: 0%	State: 849,993.95 Federal: 647,230.22 Other: Total: 1,497,224.17 % of Total Budget: 0%	
II.E.7 Independent Living	Provides many in-home services such as skilled nurses; provides services to special needs clients to live more independent lives: provides screening, testing, education counseling & managed care.	State: 6,574,291.20 Federal: 5,903,281.75 Other: 29,445,609.70 Restricted: 4,209.97 Total: 41,927,392.62 % of Total Budget: 9%	State: 8,149,760.98 Federal: 7,196,860.08 Other: 23,597,398.93 Restricted: 316.64 Total: 38,944,336.63 % of Total Budget: 8%	
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State: 180,353.48 Federal: Other: Total: 180,353.48 % of Total Budget: 0%	State: 178,892.21 Federal: Other: Total: 178,892.21 % of Total Budget: 0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
II.F.1 Health Care Standards-Radiological Health	Registers, licenses, and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggage's/security units.	State: 745,343.66 Federal: 124,111.16 Other: 219,961.21 Total: 1,089,416.03 % of Total Budget: 0%	State: 795,837.83 Federal: 111,364.50 Other: 199,558.89 Total: 1,106,761.22 % of Total Budget: 0%	7.2.8 7.2.9
II. F.2 Health Care Standards-Health Facilities & Services Development (CON)	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need.	State: 689,550.98 Federal: 139,967.63 Other: 138,723.27 Total: 968,241.88 % of Total Budget: 0%	State: 681,717.43 Federal: Other: 54,868.16 Total: 736,585.59 % of Total Budget: 0%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC are provided appropriate care and services in a manner and environment that promotes their health, safety and well being. Regulates inpatient care, community residential care, out-patient and home care, and licensed health care professionals.	State: 1,242,678.80 Federal: Other: 560,737.80 Total: 1,803,416.60 % of Total Budget: 0%	State: 1,224,073.00 Federal: Other: 496,879.68 Total: 1,720,952.68 % of Total Budget: 0%	
II. F. 4 Health Care Standards-Certification	Ensures all residents, and clients of health care providers who receive Medicare or Medicaid payments are afforded a high quality of care. Includes medical record and facility review, observation, and interviews with staff/clients.	State: Federal: 2,847,005.58 Other: 135,384.95 Total: 2,982,390.53 % of Total Budget: 1%	State: Federal: 2,953,670.54 Other: 134,352.10 Total: 3,088,022.64 % of Total Budget: 1%	
II. F. 5 Health Care Standards-Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services, certification of medical technicians.	State: 1,939,946.64 Federal: 275,644.10 Other: 32,553.79 Total: 2,248,144.53 % of Total Budget: 0%	State: 1,845,180.23 Federal: 356,497.72 Other: 34,439.97 Total: 2,236,117.92 % of Total Budget: 0%	7.2.10

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Remainder of Expenditures:	State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 02-03 Budget Expenditures	FY 03-04 Budget Expenditures	Key Cross References for Financial Results*
II.G.1 Health Surveillance Support Services-Health Laboratory	Assures that integrated, accurate and cost effective laboratory testing is available to support public health.	State: 46,462.82 Federal: 786,631.19 Other: 2,217,601.49 Total: 3,050,695.50 % of Total Budget: 1%	State: 517,479.25 Federal: 1,558,850.96 Other: 3,153,108.07 Total: 5,229,438.28 % of Total Budget: 1%	
II. G. 2 Health Surveillance Support Services -Vital Records	Provides for the registration , correction and certification of all vital events (births, deaths, marriages, and divorces).	State: 785,263.37 Federal: 2,839,527.88 Other: 3,624,791.25 Total: 3,624,791.25 % of Total Budget: 1%	State: 183,796.25 Federal: 1,058,935.50 Other: 3,123,886.04 Total: 4,366,617.79 % of Total Budget: 1%	
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 16,498,670.77 Federal: 14,040,535.25 Other: 19,400,468.09 Restricted: 629,784.99 Total: 50,569,459.10 % of Total Budget: 10%	State: 16,958,879.12 Federal: 14,832,544.56 Other: 16,767,578.31 Restricted: 650,651.72 Total: 49,209,653.71 % of Total Budget: 10%	7.4.1 7.4.2
		State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:	
		State: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

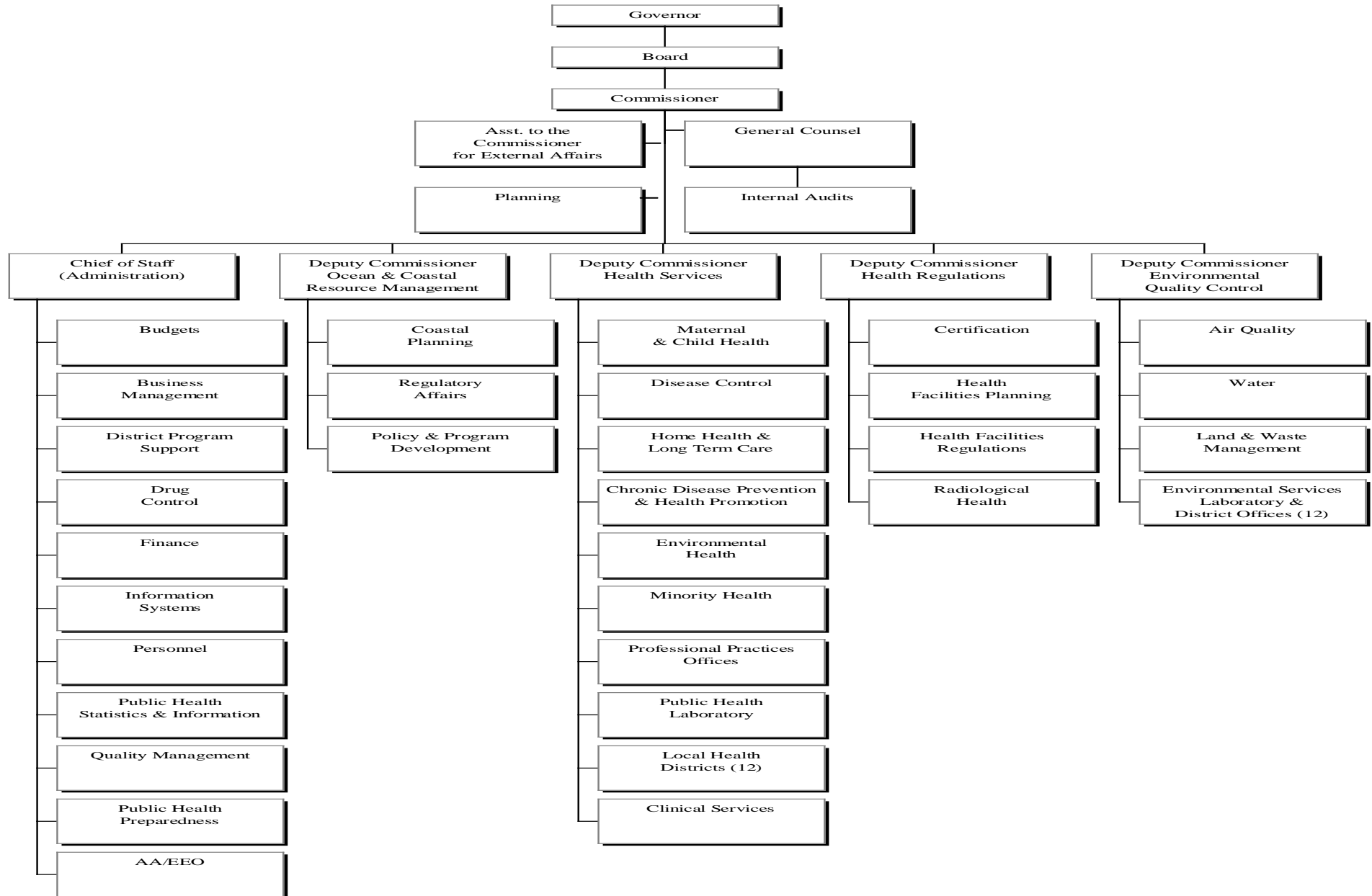
Water Quality Improvement-Capital Reserve, Water Quality Improvement, Hazardous Waste Subsidy, Emergency Medical Equipment, Capital Projects, Littlefield Case

Remainder of Expenditures:	State: 39,820.44 Federal: Other: 41,367.96 Total: 81,188.40 % of Total Budget: 0%	State: Federal: Other: 784,105.75 Total: 784,105.75 % of Total Budget: 0%
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* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

South Carolina Department of Health and Environmental Control Organization Chart

Addendum B



Addendum C

Strategic Planning				
Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*	
I. Administration	Improve organizational capacity and quality.	Results include executive leadership of the department: maintenance and monitoring of the agency strategic plan and alignment tools; agency and media communications; and administration of the agency as it relates to the agency's strategic plan and mission. Management and employee training needs identified and provided; Analysis of administrative expenditures to ensure effective and efficient business practices; Internal and external customer satisfaction surveys conducted; Information technology systems infrastructure expansion to support agency's strategic plan.	7.1.1 7.1.2 7.1.3 7.1.4 7.1.5 7.3.1 7.3.2 7.3.3 7.3.4	7.4.1 7.4.2 7.5.1 7.5.2 7.5.3
II. A. 1. Underground Storage Tanks	Protect, continually improve and restore the environment.	Identify and eliminate petroleum Brownfields Reduce the operating petroleum underground storage tank leak rate from .74% in 2000 by 25% to .56% in 2005. By 2005, 60% of all underground storage tank leaks will be cleaned up. Track and report the number of actions taken to remediate contaminated land.	7.2.6	
II. A. 2. Water Quality Improvement	Increase local capacity to promote and protect healthy communities. Protect, continually improve and restore the environment. Assist communities in planning for and responsibly managing growth.	By 2005, Increase to 95% the population served by community water systems providing drinking water that meets all current health based standards. Ensure a safe supply of drinking water for citizens not on public supplies. Reduce the rates of significant noncompliance of public drinking water systems. Develop and implement a strategy to assist public utility systems in acquiring and managing technical, managerial and financial capacity. By 2005, see 25% increase in use of land application by major National Pollutant Discharge Elimination System permittees. By 2005, antidegradation policies will be fully implemented. By 2005, water quality monitoring is sufficient to assess all major aquifers of the state and 100% of surface waters; By 2005, increase to at least 80% the surface waters that are fishable/swimable and to 85% the available coastal shellfish waters that are approved for harvesting. Annually improve the percentage of permitted facilities in compliance.	7.2.4 7.2.5	

Strategic Planning			
Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II.B.1 Coastal Resource Improvement	Protect and enhance coastal resources. Ensure proper management and access for the benefit of current and future generations.	Percentage of health beaches (dry sandy beaches for recreation and storm surge protection); miles of beaches renourished; acres of wetlands protected; progressive local ordinance; sustained growth.	7.2.1
II.B.1.a National Estuary Reserve Research	Protect and enhance coastal resources. Ensure proper management and access for the benefit of current and future generations.	SCDHEC no longer has management or fiscal responsibility for this program.	
II.B.1.b Charleston Harbor S.A.M.P.	Protect and enhance coastal resources. Ensure proper management and access for the benefit of current and future generation.	SCDHEC no longer has management or fiscal responsibility for this program.	
II. B. 1. c. Coastal Zone Education	Protect and enhance coastal resources. Ensure proper management and access for the benefit of current and future generation.		
II. C. Air Quality Improvement	Increase local capacity to promote and protect healthy communities. Protect, continually improve and restore the environment.	Increase public understanding of ground-level ozone alerts through increased outreach activity to the public. Increase percentage of state and associated populations living in areas meeting state and federal ambient air standard. Reduce air toxins. Assure strategies are in place to address adverse air quality impacts on natural resources. Reduce the amount of asbestos released to the environment as a result of demolition projects.	7.2.7

Strategic Planning			
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II.D.1 Land Quality Improvement	Protect, continually improve and restore the environment. Increase local capacity to promote and protect healthy communities.	Track and report number of non-responsible party contracts (Brownfields) executed. Track and report trends in hazardous waste generation. Reduce the number of landfills through regionalization. Maintain effective and efficient disaster preparedness and response capability. Respond to 100% of Emergency Response notifications. Provide technical information for state, federal and local emergency responders. Encourage businesses to operate with as little impact to the environment as possible through voluntarily improving performance beyond regulatory compliance. Track and report the amount (acres) of mined land reclaimed. Establish appropriate controls for regulated activities. Ensure regulated activities are in significant compliance.	7.2.2 7.2.3 7.2.6
II. D. 1.a Savannah River Plant	Protect, continually improve and restore the environment.	Track and report the number of actions taken to remediate contaminated land.	
II.D.1.b Hazardous Waste Contingency Fund	Protect, continually improve and restore the environment.	Track and report the number of actions taken to remediate contaminated land.	7.2.2 7.2.3 7.2.6

Strategic Planning			
Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II.E.1 Family Health Infectious Disease Prevention	Increase local capacity to promote and protect healthy communities. Improve health for all and eliminate health disparities. Assure children and adolescents are healthy. Increase the quality and years of healthy life for seniors. Assure children and adolescents are healthy.	<p>Average number of unannounced inspections per food service facility in 2003 was 2.03. Average number of announced (follow-up) inspections/visits was .98 per facility. The target of 4 unannounced visits per facility cannot be met given current program resources. The reported number of food borne outbreaks was 150 in 2003, compared to 145 in 2001.</p> <p>Syphilis cases have dropped in SC to 136 in 2002, from 380 in 1997. Detection of Chlamydia in DHEC clinics has dropped to 6.9% of screened persons, compared to 9.5% in 1998. Person living with HIV Infection in the state have increased, now over 12,000 in 2002. Pediatric HIV cases down to 4 in 2002 from 7 in 1998. The AIDS Drug Assistance Program has increased the number of people served by 56% from 2000 to 2002. The number of HIV deaths has decreased 56% from 1994 to 2001. The reported number of tuberculosis cases has dropped 38% from 1991 to 2002. The number of persons with TB disease who completed treatment is above the goal for the nation of 90% (94% in SC in 2001).</p> <p>Immunization coverage among 2-year olds has remained consistently high, above the national average: 87.3 percent in 2001. Immunization coverage among seniors 65+ for pneumococcal and influenza has improved in SC, and currently stands at 69.4% for influenza and 64.9% for pneumococcal vaccination, both above the US rate.</p>	<p>7.2.11 7.2.18 7.2.19 7.2.20 7.2.21 7.2.22 7.2.23</p>
II.E.1.a Palmetto Aids Life Support	Increase local capacity to promote and protect healthy communities. Improve health for all and eliminate health disparities.	Annual CARE Act Data Reports will measure services provided, number of unduplicated consumer contacts, new program consumers and other measurement information.	<p>7.2.20 7.2.21</p>

Strategic Planning			
Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
I.I.E.2 Maternal and Infant Health	Increase local capacity to promote and protect healthy communities. Improve health for all and eliminate health disparities. Assure children and adolescents are healthy.	In 2002, 73.7% of all Very Low Birth Weight Infants were born in Level III hospitals, compared to 70.2 in 2001. The infant mortality rate in 2002 was 9.3 per 1,000 live births, considerably above the national rate. Teen pregnancy rates for SC continue to decline. In 2002, it reached a historical low for the state of 38.2 pregnancies per 1,000 female teens 15-17 years of age. 40% of Medicaid-eligible children received a preventive dental service in 2002, a historical high.	7.2.12 7.2.13 7.2.14 7.2.15 7.2.16
I.I.E.2.a Kids Count	Prevent teen pregnancy.	Contract issued and funds expended for its intended purpose.	7.2.14
II. E. 2. b Maternal and infant Health-Newborn Screening	Assure children and adolescents are healthy.	Program protocols reflect measurable outcome standards recommended by the Joint Committee on Infant Hearing and the American Academy of Pediatrics. Program indicators are continually measured against the national standards to determine program effectiveness. These outcome standards include: screening newborns for hearing loss at birth or before one month of age, beginning appropriate audiological and medical evaluations to confirm hearing loss by three months of age, and access to early intervention services by six months of age.	

Strategic Planning			
Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II. E. 3 Chronic Disease Prevention	Increase local capacity to promote and protect healthy communities. Improve health for all and eliminate health disparities. Assure children and adolescents are healthy. Increase the quality and years of healthy life for seniors.	All health districts incorporate healthy nutrition and physical activity into community services and initiatives. Districts established and maintained partnerships to promote physical activity and healthy eating practices, and used a multidisciplinary approach targeting families to establish lifelong healthy eating and activity behaviors. The Governor's Council on Physical Fitness and the South Carolina Coalition for Promoting Physical Activity emphasized Safe Routes to School/Walk to School Day initiatives to promote increased physical activity and safer environments for children. Percent of public high school students reporting moderate physical activity has increased from 16.6% in 1995 to 22% in 1999. Percent of adults reporting moderate physical activity increased from 31.5% in 2001 to 32.2% in 2002.	7.2.24 7.2.25
II.E.3.a Youth Smoking Prevention	Increase local capacity to promote and protect healthy communities. Assure children and adolescents are healthy.	The percentage of current cigarette smokers among adolescents in grades 9-12 increased from 32.6% in 1995 to 36% in 1999, a higher rate than the national average and well above the national goal of 16%. This measure shows the need for a comprehensive approach to tobacco use prevention.	7.2.17

Strategic Planning

Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II. E. 4 Assuring Public Health Services	Increase local capacity to promote and protect healthy communities. Assure children and adolescents are healthy. Improve health for all and eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. Outcome measures are listed for each public health program activity on this worksheet. Customer satisfaction with the overall quality of DHEC service has been 90% or above for the past five years, based on a customer service survey. Children with incapacitating injuries due to motor vehicle crashes decreased to 64 in 2002 from 73 in 2001. The number of deaths decreased to 57 in 2002, from 59 in 2001. 36 health facilities were inspected and recommendations were given to eliminate barriers to access. Child fatalities (not including motor vehicle crash deaths) decreased from 209 in 2001 to 205 in 2002. Indicators of reduction in health disparities include: improvement in flu and pneumonia vaccination rates and reduction in new HIV/AIDS case rates. Rate of diabetes, cancer, and cardiovascular disease and infant mortality are additional indicators of population health and disparity. Migrant Health Program provided health care services to 1,586 migrant farm workers through direct clinic sites and statewide contract health providers in 2003. Outcome measures address 16 critical capacities and 46 critical benchmarks specified in the federal cooperative agreements. Example indicators include threat and vulnerability assessments, emergency operations plans for mass casualties. Strategic National Stockpile deployment plans; disease reporting and surveillance systems; laboratory surge capacity. Health Alert Network, public information, hospital surge capacity, training and exercise.	7.2.11 7.2.12 7.2.13 7.2.14 7.2.15 7.2.16 7.2.17 7.2.18 7.2.20 7.2.21 7.2.22 7.2.23 7.2.24 7.2.25
II.E.4.a Family Health Centers	Improved access to health care for citizens of rural areas throughout the state.	Projects and centers funded to improve access to care.	
II.E.4.b Family Health Center Lancaster-Kershaw	Improved access to health care for the citizens of Lancaster-Kershaw.	Funds transferred to the University of South Carolina, Medical School (Columbia) for the Lancaster Kershaw Rural Health Clinic.	
II.E.4.c Biotechnology Center	Provide operating funds for the SC Biotechnology Center.	Funds transferred to SC Biotechnology Center.	
II.E.5 Drug Control	Increase local capacity to promote and protect healthy communities.	Enforcement of regulations dealing with the distribution of controlled substances in the health care field.	

Strategic Planning			
Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II.E.6 Rape Violence Prevention	Increase local capacity to promote and protect healthy communities.	The reported number of sexual assault cases was 4,056 in 2002 compared to 4,048 in 2000.	
II.E.7 Independent Living	Improve local capacity to promote and protect healthy communities. Improve health for all and eliminate health disparities. Increase the quality and years of healthy life for seniors. Assure children and adolescents are healthy.	Out of 250 outcome measures in the nationally normed home health dataset, the DHEC home health program maintained 175 measures above the national average and 75 were below the national average in FY 2003. Children's Rehabilitative Services monitors program activities based on the 6 national outcomes: 77.5% of clients had an identified Medical Home; 95.34% had private or public insurance to help cover cost of services; 89.8% had transition plans to adult life; 76.43% had services organized in ways that families can utilize easily; 77.46% of families participated in all levels of decision making regarding their child's care; 60.09% received early and continuous screening for special health care needs. BabyNet children served increased by 160 children in SFY03; and 71% have Medicaid to assist with service delivery costs; 16% are referred under the age of 1; and referrals have increased 50% since 1999. The reduction of morbidity and mortality among those with sickle cell disorders as well as to decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	
II.E.7.a Camp Burnt Gin	Increase local capacity to promote and protect healthy communities. Assure children and adolescents are healthy.	Camp Burnt Gin conducts client and family satisfaction surveys to assure that programs and services maintain high standards and meet the children's needs.	
II.F.1 Health Care Standards- Radiological Health	Improve health for all and eliminate health disparities.	Ensure radiation exposures to workers, patients, clients, and the general public are kept at or below levels that would subject them to unacceptable levels of risk (within regulatory limits). Complete compliance surveys within specified time frames. Ensure facilities in violation of regulations have appropriate corrective action plans to prevent reoccurrence.	7.2.8 7.2.9
II.F.2 Health Care Standards-Health Facilities and Services Development	Improve health for all and eliminate health disparities.	Produce an annual State Health Plan. Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. Review and allocate Medicaid patient days in a timely manner.	
II. F.3 Health Care Standards-Health Facility Licensing	Improve health for all and eliminate health disparities. Increase the quality and years of healthy life for seniors. Assure children and adolescents are healthy.	Conduct compliance inspections of licensed facilities within specified time frames. Conduct investigations after receiving complaints in a timely manner. Complete perinatal surveys with specified time frames. Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	

Strategic Planning

Program Number And Title	Supported Agency Strategic Planning Goal/Objective	Related FY 03-04 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II.F.4 Health Care Standards - Certification	Improve health for all and eliminate health disparities. Increase the quality and years of healthy life for seniors.	Complete compliance and complaint surveys within specified time frame. Successfully complete audit by Centers for Medicaid and Medicare Services. Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence. Take action as necessary to protect the immediate safety and well-being of residents and patients.	
II.F. 5 Health Care Standards – Emergency Medical Services	Improve health for all and eliminate health disparities. Assure children and adolescents are healthy. Increase local capacity to promote and protect healthy communities.	Complete compliance surveys of ambulance services and ambulances within specified time frames. Complete complaint investigations in a timely manner. Process grant-in-aid applications and contracts in a timely manner. Consult with hospitals regarding trauma center designations and requirements. Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.2.10
II.G. 1 Health Surveillance Support Services – Health Laboratory	Increase local capacity to promote and protect health communities. Improve health for all and eliminate health disparities. Assure children and adolescents are healthy.	Complete data is available for FY03. During that year the Laboratory performed 1,051,475 tests on 434,014 specimens. The laboratory could not test 0.07% of specimens received, due mainly to errors in shipment. Times needed to provide test results were monitored and met or exceeded standards of practice. Cost of tests and productivity is carefully monitored and adjustments are made as indicated by the data. Sophisticated cost-accounting assures that the cost to DHEC programs for routine tests is at or below the reimbursement rates used by Medicaid. Productivity is monitored quarterly using a sophisticated 'et available time' technique and rarely below 90%.	
II.G.2 Health Surveillance Support Services –Vital Records	Increase local capacity to promote and protect healthy communities. Assist communities in planning for and responsibly managing growth.	The collection of data on which to scientifically base public health decisions.	
VIII. Employee Benefits –State Employer Contributions	Increase local capacity to promote and protect healthy communities.	State Employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	7.4.1 7.4.2